



**UNIVERSITY OF  
KWAZULU-NATAL**  
**INYUVESI  
YAKWAZULU-NATALI**

**Shortening the Foreskin: Probing Perceptions towards Medical Male Circumcision  
(MMC) and Traditional Male Circumcision among University of KwaZulu-Natal African  
Male Students**

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Anthropology

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## **DECLARATION**

I, Sinakekelwe Khanyisile Khumalo declare that all the work that I have submitted is of my own effort and has not been submitted for any degree in any other university. I certify that all the work which is not mine has been identified and properly acknowledged, a full list of references has been included.

**Signature:** .....

**Date:** .....

As the candidate's supervisor, I agree to the submission of this thesis.

**Supervisor: Dr M Naidu**

**Signed:** .....

**Date:** .....

## DEDICATION

I dedicate this work to my **loving mother**, for all her sacrifices throughout my academic years and her unwavering support. You have been my pillar of strength and my Rock. I dedicate this work to the years you have put in making sure my fees are paid for, even when you were left with nothing. I pray the Mighty God blesses you with many more years so you can enjoy the fruits of your labor.

*“The natural state of motherhood is unselfishness. When you become a mother, you are no longer the center of your own universe. You relinquish that position to your children”.*

Jessica Lange

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*“Trust in the LORD with all your heart and do not lean on your own understanding”*: Proverbs, 3:5-6

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## **ABBREVIATIONS**

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>MC</b>	<b>Male Circumcision</b>
<b>MMC</b>	<b>Medical Male Circumcision</b>
<b>TMC</b>	<b>Traditional Male circumcision</b>
<b>STIs</b>	<b>Sexually Transmitted Infections</b>
<b>UNAIDS</b>	<b>United Nations HIV/AIDS Programme</b>
<b>WHO</b>	<b>World Health Organization.</b>
<b>UKZN</b>	<b>University of KwaZulu-Natal</b>
<b>CHASU</b>	<b>Campus HIV/AIDS student unit</b>
<b>FGM</b>	<b>Female genital Mutilation</b>

## **ABSTRACT**

Across the world, in populations where circumcision was commonly practiced, the prevalence of HIV/AIDS was found to be lower compared to those populations where circumcision was not practiced. Male circumcision was in turn flagged as a potentially important prevention strategy in the HIV/AIDS pandemic. University students constitute an important community in interventions against HIV/AIDS. Given this, this study focused on the embedded cultural complex that would influence male attitudes to take up circumcision. The study was in turn conducted at three of the University of KwaZulu-Natal campuses, where it probed the perceptions of local Black African male students towards Medical male circumcision (MMC) and Traditional male circumcision (TMC). The study worked through social identity theory and social constructivist theory and employed a non-probability sampling technique on local Black African male students between the ages of 18-25. Qualitative data was collected through semi-structured interviews and focus group discussions with 15 participants who included Zulu and Xhosa male students. Findings reveal that the students' embedded cultural background has an influence on the method of circumcision that the male students chose; whether medical or traditional. The findings also reveal that entrenched constructions of masculinity are believed to be attained by going through the rite of passage in a traditional context while a circumcised man in the medical setting is often not seen as a 'real man'.

## **KEYWORDS:**

Medical male circumcision (MMC), Traditional male circumcision (TMC), University of KwaZulu-Natal (UKZN), HIV/AIDS, Masculinity, 'Real man'.

## **IQOQA**

Emhlabeni jikelele, izinga legciwane lesandulela ngculazi litholakala liphansi kulezondawo lapho ukusokwa kwabantu besilisa kwenziwa khona mewuqhathanisa nalezondawo ezingalenzi lolusiko. Ukusokwa kwabantu besilisa kubonakala kunenhle indima ekuvimbheni ukubhebbhetheka kwegciwane lwesandulela ngculazi. Abafundi base Nyuvesi bangumphakathi obalulekile emizamweni yokulwa nesifo sengculazi. Ngalokho, lolucwaningo lubuka izinqikambha zesintu ezigunyaza inqubo yabesilisa ngoku sokwa. Lolucwaningo lwenziwe azizindeneni ezintathu ze Nyuvesi yakwa Zulu-Natali ekuhloleni izindlela abafundi besilisa abamyama bebuka ngazo uhlu lokusokwa ezibhedlela (MMC) Kanye nokusokwa ngesintu (TMC). Lolucwaningo lusebenza ngaphansi kwezinkolelo ezibizwa nge “social identity theory” kanye ne “social constructivist theory” mese iqoka I “non-probability sampling technique” kubafundi bebala elimyama abaphakathi kweminyaka engu 18 kuya kwengu 25. Imininingwano iqoqwe ngohlu olubizwa ngokuthi I “semi-structured interviews” futhi kwasetshenziswa iqembu lezingxoxo nabantu abangu 15 abangama Zulu nama Xhosa. Imiphumela iveze ukuthi ukuxhumana kwabafundi kumasiko nesintu kuneqhaza ekukhetheni kwabu endlela abayikhethayo yokusokwa; kungaba ngokwesintu noma ngokwesi manje manje. Imiphumela iphinde yathola ukuthi izakhiwo zobudoda zabafundi zitholakala ngokuba ingxenye yosiko njenge ndoda eseyisokiwe, nalapho ungabonakali njengendoda uma usokelwe esibhedlela ngendlela yesi manje manje.

## **AMAGAMA ASEMQOKA:**

Ukusokwa kwabesilisa ngokwebuqwepheshe, Ukusokwa kwabesilisa ngokwesiko, Inyuvesi yaKwaZulu-Natali, Isandulela-Ngculazi/Ngculazi, ukuba-indoda, ‘indoda yangempela’.



## TABLE OF CONTENTS

	PAGE
DECLARATION .....	I
DEDICATION .....	II
ACKNOWLEDGEMENTS .....	IV
ABBREVIATIONS .....	V
ABSTRACT .....	VII

## TABLE OF CONTENTS

### CHAPTER ONE

#### INTRODUCTION AND LITERATURE REVIEW

1.1 PREAMBLE .....	1
1.2 BACKGROUND AND MOTIVATION OF THE STUDY .....	3
1.3 SIGNIFICANCE OF THE STUDY .....	5
1.4 RESEARCH PROBLEMS AND KEY QUESTIONS .....	8
1.5 RESEARCH PROBLEMS: BROADER ISSUES INVESTIGATED .....	8
1.6 SURVEY OF EXISTING RESEARCH .....	8

### CHAPTER TWO

#### RESEARCH METHODOLOGIES AND THEORETICAL FRAMEWORKS

2.1 INTRODUCTION .....	16
2.2 RESEARCH METHODOLOGY AND METHODS	
2.2.1 RESEARCH SITE AND APPROACH .....	16
2.2.2 SAMPLING AND SAMPLE TECHNIQUES .....	17
2.2.3 DATA COLLECTION .....	18
2.3 DATA ANALYSIS .....	20
2.4 VALIDITY AND TRUSTWORTHINESS .....	21
2.5 ETHICAL CONSIDERATION .....	21
2.6 INFORMED CONSENT .....	22

2.7 LIMATATION OF THE STUDY .....	22
<b>2.8 THEORECTICAL FRAMEWORK</b>	
2.8 .1 SOCIAL IDENTITY THEORY .....	23
2.8.2 SOCIAL CONSTRUCTION THEORY .....	24
2.9 STRUCTURE OF DISSERTATION .....	25
2.10 CONCLUSION .....	27

## **CHAPTER THREE**

3.1 INTRODUCTION .....	29
<b>PERCEPTIONS ABOUT MALE CIRCUMCISION AND TRADITIONAL AND MEDICAL MALE CIRCUMCISION</b>	
3.2 NDIYINDODA: I AM A MAN .....	30
3.3 UYINDODA NGEZENZO: THE REASONS “I got circumcised.” .....	34
3.4 THE SYMBOLISM AND CULTURAL MEANING EMBEDED IN MALE CIRCUMCISION .....	41
3.5 CONCLUSION .....	43

## **CHAPTER FOUR**

4.1 INTRODUCTION .....	45
<b>MALE CIRCUMCISION AS A PREVENTATIVE MEASURE AGAINST HIV/AIDS ACQUISITION.</b>	
4.2 PERCEPTIONS ABOUT THE USAGE OF CONDOMS: “I AM A CIRCUMCISED MAN, HIV/AIDS IS NOT FOR ME” .....	47
4.3 THE SYMBOLIC MEANING OF BRANDED CONDOMS, “SELF- IMAGE IS STILL IMPORTANT” .....	52
4.4 SIYAYINQOBA: HIV/AIDS AND THE CONSTRUCTION OF AN AFRICAN MAN ...	56
4.5 CONCLUSION .....	59

## CHAPTER FIVE

5.1 INTRODUCTION .....	62
<b>STIGMATIZATION OF MEDICALLY CIRCUMCISED AND NON-CIRCUMCISED BY STUDENTS FROM TRADITIONAL CIRCUMCISING COMMUNITIES</b>	
5.2 POWER, CONSTRUCTION OF MASCULINITY AND CULTURE .....	63
5.3 OKABANI LOMZIBA: THE CULTURAL CONSTRUCTION OF THE PENIS .....	67
5.4 RECONSTRUCTING THE “The real man” .....	69
5.5 CONCLUSION .....	73

## CHAPTER SIX

### CONCLUDING SUMMARY

6.1 INTRODUCTION .....	75
6.2 THEMATIC ISSUES .....	77
6.2.1 THE SOCIALLY IDEALIZED AFRICAN MASCULINITY .....	78
6.2.2 SELF-IMAGE (FREE CONDOMS) AND DANGEROUS FALSE SECURITY	81
6.3 CONCLUSION: PROMOTION OF MEDICAL MALE CIRCUMCISION AND AFRICAN STUDENTS CONSTRUCTION OF MASCULINITY .....	82
<b>REFERENCES .....</b>	<b>86</b>
<b>APPENDIX 1: UKZN ethical clearance letter.....</b>	<b>105</b>
<b>APPENDIX 2: Gatekeeper consent letter .....</b>	<b>106</b>
<b>APPENDIX 3: Information letter (English) .....</b>	<b>107</b>
<b>APPENDIX 4: Information letter (IsiZulu) .....</b>	<b>108</b>
<b>APPENDIX 5: Informed consent (English) .....</b>	<b>109</b>
<b>APPENDIX 6: Informed consent (IsiZulu) .....</b>	<b>110</b>
<b>APPENDIX 7: Interview schedule .....</b>	<b>111</b>
<b>APPENDIX 8: Focus group interview schedule .....</b>	<b>112</b>

# CHAPTER ONE: Introduction and Literature Review

## 1.1 PREAMBLE

“Male circumcision is one of the oldest surgical procedures that is performed traditionally, when someone undertakes circumcision for traditional reasons it is to mark cultural identity and religious importance” (WHO 2008:3). Male circumcision has a long history and has been performed in different societies throughout generations. Furthermore, Bailey, Plummer and Moses (2001:228) postulate that “male circumcision is embedded in a complex web of cultural and religious beliefs and practices although it is sometimes seen as a simple health matter.” Bailey, Plummer and Moses (2001) further stated that there is growing evidence in African traditional societies that associates male circumcision with the reduction in the spread of HIV/AIDS and other STIs. As such, this study seeks to examine the perceptions of African male students towards Traditional male circumcision (TMC) and Medical male circumcision (MMC) across three campuses of the University of KwaZulu-Natal. The study probes how African male students negotiate their masculinity as individuals; how men from traditional male circumcising communities enact their masculinity through circumcision.

Vincent (2008:77) indicated that in South Africa, the Xhosa ‘ethnic group’, which is found in the country’s Eastern Cape Province, is one of several ethnic groups in Southern Africa that practices the ritual of circumcision as part of a rite of admitting boys to manhood. In addition to that, Vincent (2008:79), argued that the ritual of circumcision is a practice that is seen in many cultures across the world, this includes Sub-Saharan, North Africa, the middle East, the Jewish Diaspora, Aboriginal Australia, the Pacific Islands, Southern Asia and in many more other places.

Male circumcision thus carries meaning for many different social groups around the world. Vengania (2012) asserts that male circumcision should not be seen as simply being a meaningless medical procedure; as it carries social and political meanings for those groups who regard it as a practice rather than a procedure. Peltzer *et al.*, (2007: 659) defines male circumcision as, “a holistic concept with multiple and interconnected dimensions- religious, spiritual, social, biomedical, aesthetic and cultural.” In addition Stinson (2008) defines male circumcision as, “a socially

significant act which culminates in a boy's integration into the community and grants him acceptance and respect from other community members". Horizons, (2000 cited in Siegfried *et al.*, 2009:2) also points out that male circumcision is part of a religious ritual which can be conducted after birth. He adds that as part of a traditional ritual it is performed as an initiation into manhood and as a medical procedure it is performed as treatment or prevention of infections, injuries or anomalies of the foreskin.

Traditional male circumcision, according to Mavundla *et al.*, (2009:395) is practiced across South Africa as it is seen as a rite of passage from boyhood to manhood. Even with the cultural significance of traditional male circumcision, Vincent *et al.*, (2008) states that, complications resulting from the practice of male circumcision have become more prominent in the last few years where political parties and government took greater interest as it was becoming a national health issue for the government and traditional leaders. Nonetheless, even with the complications and dangers associated with the (unregulated) practice Dingindlela (2014:9) reports that thousands of young amaXhosa boys still go to the traditional initiation schools to get circumcised. The latter may be related to the cultural meaning and values which are attached to the practice. On the other hand, Medical Male Circumcision (MMC) has gained currency in the recent past in the South African terrain and other countries across the world (see Tsimane, 2014:8). This growth is influenced by the benefits of circumcision and also its potential to reduce the risk of new HIV/AIDS infections remarkably as demonstrated by a cluster of studies (see Bertozzi *et al.*, 2006; Sansom *et al.*, 2010; Tobian, Gray and Quinn 2010; Phillip, Dominic and Achievement 2012; Kang'ethe and Takudzwa 2013; Westercamp *et al.*, 2014). This means that the importance of male circumcision is undeniably within a global health setting and this has predicated and encouraged the need for males to become circumcised either traditionally or medically in order to access this potential benefit.

Mathew (2012:1) declared that "the 5<sup>th</sup> of June 2011 signified the world's three decade long struggle with HIV/AIDS". HIV/AIDS remains one of the major health problems that the global community faces to date and sub-Saharan Africa remains the epicenter of the HIV/AIDS epidemic (WHO, 2009). Tsimane (2014:9) argued that "South Africa has the highest HIV/AIDS infection in the world and the statistics on deaths related to this disease." According to UNAIDS (2011), in

2009, it was estimated that there were 5.7 million people infected with HIV/AIDS in South Africa. “Based on epidemiological and biological evidence, the promotion of male circumcision may be the potential intervention measure to reduce the HIV/AIDS pandemic” (Scott, Weiss and Viljoen, 2005:305).

In regard to the latter, within the field of HIV/AIDS prevention, the world Health organization (WHO) introduced male circumcision as one of the methods used as a preventative measure against HIV/AIDS (WHO: 2007). This effort emanated from outcomes of three randomized controlled trials (RCT) which were conducted in three countries namely, South Africa, Uganda and Kenya. The findings of the latter ascertained that male circumcision can reduce HIV/AIDS acquisition by 60% (WHO, 2007). While critically engaging different studies and reviewing literature, it became clear that this stance is supported by a host of scholars, and sustained- male circumcision is claimed as being able to reduce HIV/AIDS acquisition by up to 60 % (Auvert *et al.*, 2005; Bailey *et al.*, 2007; & Bongaarts *et al.*, 2009).

## **1.2 BACKGROUND AND MOTIVATION FOR THE STUDY**

In order to counter HIV/AIDS knowledge and awareness are not sufficient apparatuses to alter people’s sexual behaviors; attitudes and behaviors play a central role. In retrospect if we look at the major interferences/deterrents to the acceptability (see Naidu 2013) of both the male condom and female condom (as strategies of prevention in the fight against HIV/AIDS), ‘attitudes’ have play a huge role. Despite the new implemented policies that promote circumcision amongst males, lack of awareness and the absence of positive attitudes to medical male circumcision from university male students may hinder the success rate (see Naidoo *et al.*, 2012:2).

Mcquoid-Mass (2013) reports that KwaZulu-Natal<sup>1</sup> Provincial government adopted and implemented a mass circumcision program for local Black African Zulu males. This follows the re-introduction of male circumcision amongst the Zulus as a cultural practice in an effort to scale down the prevalence of HIV/AIDS infection. The MEC of Health in KwaZulu-Natal (2010) reports

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<sup>1</sup> KwaZulu-Natal was the first Province in South Africa that rolled out the circumcision campaign (see Mathews, 2012:12).

that “the roll out of medical male circumcision in the tertiary institutions will assist in reducing the spread of HIV/AIDS among young men, where the HIV/AIDS burden is the highest in the province; between the ages of 15–24 years.” Consequently, Segwayo (2011:4) affirms that, “it is important to understand and explore men’s knowledge in the Zululand region where male circumcision was abandoned back in the 19<sup>th</sup> century.” Sengwayo (2011:6) advised that since there are multiple benefits to male circumcision, it is of great importance that messages that promote medical male circumcision should be clear and state the benefits of undergoing the procedure as most of the targeted population (males) may not be aware that one of the benefits of being circumcised is its potential to reduce their risk of new HIV/AIDS infection. However, the message should be clear and state that MMC does not cure the pre-acquired HIV/AIDS, it can only curb the spread by reducing the probability on new acquisition by remarkably reducing the risk of infection (see Naidoo *et al.*, 2012:7).

Thus the government’s efforts of controlling the rate of HIV/AIDS infections would therefore be unrealistic and unattainable unless they are partnered with programs aimed at altering perceptions and attitudes towards MMC. Aside from many possible causes of HIV/AIDS infections (Guiella and Madise, 2007; Bearinger *et al.*, 2007; Jain, Kumar and Khanana, 2013) emphasized that, lack of awareness and risky behaviors, which can include non-circumcision, resulted in the high number of HIV/AIDS infections, especially amongst the youth. “Risky sexual behavior includes early age first sexual intercourse, multiple sexual partners, unprotected sexual intercourse, and untreated sexually transmitted diseases” (see Shiferaw *et al.*, (2014:2). The implications of this lack of awareness (and risky behaviors) has been seen in over 80% of people living with HIV/AIDS in sub-Saharan Africa, who are young people between the ages of 15 and 24 (UNAIDS 2001).

Many university students fall into this age group which means that they fall in the category of the groups at high risk of infection, hence the need for studies probing the strategies of prevention in this population. These kind of studies deserve urgent attention. Studies around perceptions and attitudes towards male circumcision belong to this category, and this is the critical point of insertion in this study.

### 1.3 SIGNIFICANCE OF THE STUDY

Across the world in populations where circumcision is commonly practiced, the prevalence of HIV/AIDS was found to be lower compared to those populations where circumcision was not practiced (see Warren 2010; Chanda *et al.*, 2014; Kabira, Nasubuga and Tumwesgye 2013; Chemtob *et al.*, 2015). In addition, the above studies showed that the absence of such a practice increases the chances of contracting HIV/AIDS. Despite the multiple prevention strategies that have been put in place to curb the spread and the prevalence of HIV/AIDS, a staggeringly high number of people continue to be infected by the virus.

There has been widespread promotion of male circumcision around South Africa in an effort to fight HIV/AIDS. Shiferaw *et al.*, (2014:1) stated that, globally university students are in the highest age range of being infected with HIV/AIDS, as the university environment offers them opportunity to engage in HIV/AIDS high risk behaviors which include having multiple partners and unsafe sex. In South Africa the province of KwaZulu-Natal is said to have an estimate of 15.8 % of HIV/AIDS infected people, and it proves to be the highest compared to all other provinces (Mutinta *et al.*, 2011, Department of Health of health, 2008). Hence as the many other ways of preventing HIV/AIDS transmission, male circumcision is seen as one of the key interventions.

Since the University of KwaZulu-Natal is situated in a province (i.e. KwaZulu-Natal) with the highest prevalence of HIV/AIDS, the institution (University of KwaZulu-Natal) has put in place a HIV/AIDS policy<sup>2</sup> which aims at helping reduce the pandemic. Through the policy, the university aims to ensure that preventative measures are put in place, treatment and care. The university also supports research that actively addresses the epidemic, thus helping both students and staff and wider society in dealing with the pandemic.

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<sup>2</sup> The document states; “This policy express the University’s recognition of its responsibility to facilitating access to HIV and AIDS information, prevention, treatment, care and support services for all staff and students, including direct provision of these services where available resources permit. Furthermore, this policy is the University’s commitment to the development of a working and learning environment that is free of unfair discrimination, stigmatization of HIV, and where people living with HIV/AIDS are assured of their rights being upheld and protected.”



Naidoo *et.al.*, (2012) conducted a study at the University of KwaZulu-Natal on the knowledge, attitudes and perception of pharmacy and nursing students towards male circumcision and HIV/AIDS in the University of KwaZulu-Natal (UKZN). The study found that for male circumcision programs to succeed and be firmly embraced and recognized as part of the HIV/AIDS prevention in South Africa it is thus of utmost importance that pharmacy and nursing students who are the “future health professionals” should have adequate knowledge on HIV/AIDS and male circumcision, which will in turn lead them to have positive attitudes. Furthermore, Naidoo *et al.*, (2012) maintain that, ‘it is important that health providers believe in the procedure’s (male circumcision) efficacy as it is only then that male circumcision promotion would achieve sustainably. The study conducted by Naidoo *et al.*, (2012) highlighted significant factors to be considered. However, positive attitudes and knowledge cannot only be restricted to only one of the many faculties in the University of KwaZulu-Natal for the promotion of male circumcision to be successful.

It is important to note that the study conducted by Naidoo *et al.*, (2012) at the University of KwaZulu-Natal only focused on the school of Nursing and Public Health. The understanding is that Health Science Students are the recipients of awareness campaigns etc, which are promoted by their School and College at UKZN. However, this particular study aimed to be more diverse and representative and so drew participants on various disciplines within the University of KwaZulu-Natal, for example the School of Built in Environment; School of Law; School of Applied Human Sciences, School of Education and School of Social Sciences.

This study also recognizes the high prevalence rate of HIV/AIDS in the KwaZulu-Natal province and addresses a gap in the extant research by probing UKZN African male students’ perceptions towards medical male circumcision and traditional male circumcision. Most studies that have been conducted (see Naidoo *et al.*, 2012) and (Mathew, 2012) have only either looked at medical male circumcision (MMC) and traditional male circumcision (TCM) unconnectedly. However, this study examines both simultaneously (as both are practiced) in the space of an institution (UKZN) from a social science and anthropological perspective, and takes into consideration the backgrounds of African male students from communities where circumcision is neither promoted nor has no cultural meaning- thus probing their perception of what male circumcision is and what being circumcised means to them as young men.

This study further examines the cultural significance and culturally encoded and embedded meaning that is attached to male circumcision from African male students who come from traditional circumcising communities. Thus the complex matrix and multiple African culturally embedded backgrounds of the male students are probed in the context of the practice of circumcision. According to Kalowe (2010:5), there are relatively few scholarly articles on the prevalence of HIV/AIDS in tertiary institutions in Africa. For instance a study which was conducted by Van Wyk, Pieterse and Otaala (2006) looked at *Institutional responses to HIV/AIDS from institutions of higher education in the Southern African Development Community* and another conducted by Ndabora and Mchunu (2014) looked at *Factors that influence utilization of HIV/AIDS prevention methods among university students residing at a selected university campus*. Hence, a study like this will contribute significantly to the body of knowledge, but from a more specifically qualitative and anthropological perspective, and through the use of ‘thick’ narratives.

Therefore, this study aimed to understand African male student’s perceptions about medical male circumcision and traditional male circumcision against and within the respective cultural backgrounds in which it is embedded for them. It looked at the perceptions of African male students regarding issues such as stigma and discrimination of males who undergo MMC within traditional circumcising communities; the understanding of African male students regarding what it means to them to be circumcised and their perceptions of male circumcision as a preventative measure against HIV/AIDS acquisition.

It is believed that studies such as this one are potentially of critical importance as it will hopefully contribute new insights in understanding perceptions of males regarding traditional or medical male circumcision particularly, University male students. It is believed that intervention strategies in HIV/AIDS prevention stand to gain significantly by such research.

Therefore probing the perception of male students is potentially important as it will enable a better understanding of male circumcision (both medical and traditional) in context of young local Black African men in a higher education institutes.

#### **1.4 RESEARCH PROBLEM AND KEY QUESTIONS**

The following are key questions intended to probe the perception about medical male circumcision and traditional male circumcision among local Black African male students at the University of KwaZulu-Natal.

- What are African UKZN male student's perception of male circumcision?
- What are the perceptions of African UKZN male students about medical male circumcision as opposed to traditional male circumcision?
- What are the male student's perception on the protective ability (male circumcision reducing HIV/AIDS acquisition) of circumcision?
- What are the perceptions of traditionally circumcised African male students towards those who have undergone medical male circumcision and those who have not been circumcised?

#### **1.5 RESEARCH PROBLEMS: BROADER ISSUES INVESTIGATED**

- The study will also more broadly contextualize medical male circumcision within the arsenal of HIV/AIDS preventative strategies that can be strongly advocated amongst African male students in higher education.
- The study will broadly look at how African male student construct their masculinity through undergoing the socio-culturally constructed rite of passage, i.e. circumcision, and the implications of masculinized behaviors in the context of HIV/AIDS pandemic.

#### **1.6 SURVEY OF THE EXISTING RESEARCH**

Decades ago Wagner (1949 cited in Marck, 1997:337) noted that “the distribution of circumcision and initiation rites throughout Africa, and the frequent resemblance between details of ceremonial procedure in areas thousands of miles apart, indicate that the circumcision ritual has an old tradition behind it and in its present form is the result of a long process of development”. This was affirmed much more recently by Aggleton (2007:15) who argues that circumcision around the world has its roots deep in the structure of society, it is seen as more than a simple technical act even when conducted in the medical settings the practice of male circumcision carries a significant social meaning as its meaning is associated to what it means to be a man moreover as a rite of passage from a boy to adulthood in many several African and oceanic societies” (Aggleton, 2007:15).

Similarly, (Ahuja, Wendell and Werker, 2009:5) argued that available literature suggest that male circumcision remains a very powerful tradition which is still practiced among African cultures. In the eyes of society initiation is the criterion for coming of age (see Daniel, 2009:187).

Traditional male circumcision is an essential cultural practice in societies that practice it. Nyandu, (2005 as cited in Mhlahlo, 2009:16) states that through the use of myths and peer pressure, young boys are conditioned to look forward to initiation rites with positive expectations. This is done by undermining the status of uncircumcised boys while circumcised boys are conferred to a high social standing. The noted anthropologist Victor Turner (1960:47) noted that “rites of passage are found in all societies but tend to reach their maximal expressions in small scale, relatively stable and cyclical societies where change is bound up with biological and meteorological rhythms”. From an anthropological perspective, in order for individuals to pass from one category to another, and join other individuals in other sections, “one must submit from the day of his birth to that of his death” (see Van Gennep, 1908 as cited in Bigger, 2010:2). It was noted by Blundell (1994:2) that people use their traditions as a model for constructing life in a social network and as such from an anthropological standpoint we interpret the meaning of phenomena using the ideas that individuals give to social phenomena. Blundell adds that individuals shared experiences allows communication and transaction to take place in the process of maintaining human organization. Anthropological literature points out that there are three stages that constitute the rite of passage, namely: the rites of separation, the rites of transition, and the rites of incorporation (see Munthali and Zulu, 2007:151).

Anthropological work has long been fascinated with body modification. Daniel (2009:156-157) postulated that the rites of passage are the transitional movement from one social grouping to another which are usually accompanied by instruction and prohibitions. Daniel (2009) further noted that rites of passage are performed in a way that leaves a lasting imprint either on the body or the mind. Summers (2007:5) asserted that in different ‘tribes’, every significant life event is marked by a ritual and each stage is celebrated and delineated. For instance body tattooing as a rite of passage has been practiced in many different cultural groups as a way of entering adulthood. Similarly to ritual circumcision, Summers (2007:5-6) notes that tattooing is a test of endurance and permanent sign of affiliation to a so called tribe. Another rite of passage that is practiced in

different societies (as a marker of transition to adulthood and as a symbolic sign of tribal affiliation) is the controversial female circumcision or female genital mutilation (FMG).

The earliest records of male circumcision according to Aggleton (2007:15-16) date back to the sixth Egyptian era. However, Nashandi (2013:6) argues that the practice of male circumcision came into the public health towards the end of the 19<sup>th</sup> century. On the other hand, the practice of male circumcision in South Africa according to Peter and Marcus (2011:262) is a common practice among the Xhosa, Venda and Sepedi speakers. However, it is less commonly practiced among Sotho, Ndebele, and Shangaan and Zulu speakers. Among the Zulus, male circumcision used to be practiced but the Zulu King Shaka abolished it more than 200 years ago since infected wounds left many of the Zulu warriors unable to participate in war (Peter and Marcus, 2011:262; Scott, Weiss and Viljoen, 2005).

Mogotlane *et al.*, (2004:57-58) define traditional male circumcision (TCM) as a ritual that is performed by a traditional practitioner, where a sharp blade is used which can be a spear or a knife and after that a traditional ‘nurse’ will look after the boys who are called initiates, making sure that they are healing properly. Wambura (2011:2) in turn defines medical male circumcision as a procedure which is performed by a medical doctor, in a medical setup, complies fully with medical ethics and a trained professional nurse will look after the boys after circumcision.

The different preventative “buffet” (Sakarombe 2014:15) of strategies adopted in South Africa; for instance the ABC (Abstain, Be faithful and Condomise) have yielded lower results than anticipated (see Sengwayo, 2011:5). Hence, the adoption and introduction of medical male circumcision as one of the preventative measures against HIV was seen as a necessity to fight against the pandemic in South Africa. According to Sakarombe (2014:15) the use of more than one prevention strategy is described as “combination prevention” or the “HIV prevention buffet” which was adopted to reduce HIV/AIDS prevalence amongst young people.

Sawires *et al.*, (2007:1) state that researchers announced that male circumcision protects men from acquiring HIV/AIDS and reduces the risks of sexually transmitted infections (STIs). With regard to the latter, in 2010 the rollout of medical male circumcision in South Africa was initiated in

KwaZulu-Natal (see Sengwayo, 2011:8). Furthermore, according to UNAIDS (2011) the province of KwaZulu-Natal has the highest HIV/AIDS prevalence, it is estimated that 5.5 million HIV/AIDS positive people live in the province.

WHO (2008) stated that at present, male circumcision is done for a variety of reasons, which are mostly social or health related, adding reasons of religion and 'ethnicity'. The need for people to undergo circumcision, particularly in places where circumcision is practiced, is also arguably motivated by the need to conform and for people not wanting to be different from others. With the rollout that was instituted in 2010 in South Africa; the goal of the rollout was to reach 80% of HIV/AIDS negative men of ages 15-49 which is approximately 4.3 million men by 2015. In June 2011 nearly 238 000 circumcision procedures had been conducted (Sengwayo, 2011 and Colvin, 2011:10). Therefore, understanding of male circumcision (both medical and traditional) from the perception of young Black African men attending university is crucial and thus it will aid in the promotion of the uptake of male circumcision, it will further aid in educating and imparting knowledge on issues surrounding male circumcision among University students.

There has been some significant research conducted to explore the understanding and knowledge of male circumcision among University students such as conducted by Naidoo *et al.*, (2012) titled **Knowledge, attitudes and perceptions of pharmacy and nursing students towards male circumcision and HIV/AIDS in a KwaZulu-Natal University**. The findings of this study revealed that students have moderate knowledge of male circumcision and HIV prevention strategies. The study also revealed that the majority of the students felt that promoting male circumcision was appropriate and should be encouraged. Chanda *et al.*, (2014) on the other hand conducted a study which was titled **Perceptions and Beliefs of University and College Students towards Male Circumcision in Lusaka**. The study concluded that amongst college and university students there was remarkable and consistent knowledge about medical male circumcision however, students were of the opinion that the scale up of circumcision would be limited by lack of sufficient information in other parts of society. Additionally a study conducted by Tsvere and Pedzisa (2014) which was titled **Attitudes of University Students towards Male Circumcision** revealed that students acknowledged the importance of male circumcision however the majority of the students in the study stated that they would not wish to get circumcised. On the other hand,

those who had a keen interest on male circumcision, preferred to be circumcised in a medical setting. While a study by Anathi (2015) titled **University Male Students' Perceptions on the Cultural Relevance of Traditional Circumcision among the amaXhosa in East London, South Africa**. The study revealed that Xhosa male students still revered traditional circumcision it also revealed that students felt that the cultural dignity of the practiced needed to be restored. A study conducted by Mndzebel and Tegegn (2015) titled **Knowledge, attitude and acceptance of voluntary male medical circumcision among male students attending Botswana University**, found that even with high-levels of awareness and favorable attitudes towards medical male circumcision among young people, such awareness does not however influence young people to become medically circumcised. Lastly a study conducted by Sakarombe (2014) titled **Knowledge, Attitudes and Perceptions of Medical Male Circumcision as an HIV Prevention Procedure by White and Indian Male Students at the University of KwaZulu -Natal's Howard College**, found that white and Indian male students were of the perception that there were not at risk of HIV and also that strategies such as medical male circumcision were exclusively for black people.

Thus, this study addresses the perceptions of local Black African circumcised male students towards both methods of male circumcision; that is medical male circumcision and traditional male circumcision. The above studies looked at either one of the methods, this current study looked at both methods concurrently and also focused on the Zulus who have not practiced circumcision traditionally for years but have recently started practicing it medically. The study found that male students construct their safety to circumcision and the reason that some male students undergo circumcision was because of the belief that male circumcision enhances sexual virility.

Kalowa (2010) maintained that HIV/AIDS prevalence is high in universities compared to the general population as some students in universities are involved in risky sexual behavior which in turn increases their risk in getting infected with HIV/AIDS (Mkhumbo 2013; Mwamwenda 2014; Emeka-Nwabunnia, Ibeh and Ogbulie 2014). This was also observed in the medical male circumcision (RCT) where circumcised men became involved in risky behavior after getting circumcised (Bailey *et al.*, 2007; Auvert *et al.*, 2005). Moreover in another study which was conducted in South Africa, 15.0% of adult men and women across all ages believed that circumcised men do not need to use condoms (Johnson *et al.*, 2010).

According to a study conducted by Mshana *et al.*, (2011) as cited in Wambura *et al.*, (2011:2), traditional male circumcision is an important stage of initiation for boys aged between 10 and 18 years, moreover through the circumcision procedure, neither anaesthesia nor stitching of the wound is allowed. This demonstrates the courage and bravery of the initiate as it is believed that pain prepares the individual to take social responsibilities. In another study conducted by Tsvere and Pedzisa (2014:241) which was conducted among university students in Zimbabwe to show attitudes of university students towards male circumcision, the results of the study reported that students lacked knowledge of the process and dangers of male circumcision hence they tend to develop mixed feeling about the procedure. Further, the study revealed that information about male circumcision is not fully understood and students pointed out that they would wish to have more lessons on male circumcision. In a similar study which also looked at attitudes of university male students towards male circumcision which was conducted by Mtemeri *et al.*, (2013:47) in Zimbabwe, the results of the study showed that ninety seven percent (97%) of the participants were generally aware of male circumcision. However the students had little information about male circumcision. This shows the urgency for educational programs on male circumcision which need to be adopted in higher education institutions to foster the dissemination of circumcision information.

On the other hand, in a study pioneered by Chama *et al.*, (2012) on perception and beliefs of university students towards male circumcision in Lusaka, the results on the study were different from the latter study which was conducted in Zimbabwe. This study revealed that there is a remarkable and consistent trend amongst college and university students as they present virtually universal knowledge about the procedure (MC), for instance its practice, where it should be done, the facts about circumcision and the prevailing untruths about male circumcision. The study also revealed that the motivation for students to get circumcised was due to the protective benefits against HIV/AIDS acquisition and other common STIs. Sharing the same ideas, a study conducted by Illiyasu (2013:97) among university students revealed that the reason students became circumcised was because of religious obligations; health and sexual benefits and for good hygiene. According to a study conducted by WHO (2008), in non-circumcising areas the majority of people prefer to be circumcised medically because circumcision is performed by a trained medical



practitioner and it is perceived to be safe. This is because most reported fear of infection and excessive pain when circumcision is performed by traditional circumciser/practitioner. This was also observed in a study which was conducted by Naidoo (2012:3) in a KwaZulu-Natal University, the study looked at knowledge, attitudes and perceptions of pharmacy and nursing students towards male circumcision and HIV/AIDS, the results of the study showed that of 26 male respondents 18 (69.2%) stated that they would undergo male circumcision if the procedure was safe. In addition the respondents cited pain as the most common barrier for their reluctance to undergo male circumcision.

A study conducted by Pelzer and Kanta (2009:83) revealed that the majority of initiates (70%) felt that they would be stigmatized for choosing medical male circumcision than traditional male circumcision. On the other hand a study that was conducted by Dingindlela (2014), revealed the negative attitudes which are linked to medical male circumcision; respondents of the study were of the belief that any man who undergoes medical male circumcision was a coward. The study also revealed that medically circumcised men are insulted and called names such as *ilulwane* (a bat); some of the medically circumcised men are socially excluded and seen as not belonging anywhere and some are stripped away of their identity as men as they are regarded as not “real men”. Therefore the refusal and opposition against medical male circumcision in traditional circumcising communities opens up room for the government to fund studies that will explore means to “create a synergy” between traditional male circumcision (TMC) and medical male circumcision (MMC). According to Govender *et al.* this “synergy” can be generated by “manipulating programs that will initially engage with indigenous knowledge systems which are culturally receptive and unobjectionable” (Govender *et al.*, 2013:128).

Wambura *et al.*, (2011) argued that data from traditionally circumcising communities indicates that non-circumcised males and those circumcised in the medical settings are stigmatized. Mhlalo (2009:18) supported this view with his own personal recollection of growing up in among the Xhosa speaking community. He argued that, there were dominant negative attitudes towards a man who was circumcised in a hospital (medical male circumcision) as that man would not be recognized as a man instead he was a boy and would be treated in a derogatory manner by the traditional circumcised men, and also treated with disrespect by other men including women. It was noted by Gwata (2009:4) that ritual circumcision marks a boy’s transition to manhood and

affords him legitimate membership rights to his tribal community. In addition, ritual circumcision entails change in status and the creation of a new identity. It was noted that “the understanding that the new status condition or position is higher, superior or more perfect in comparison to the earlier one, makes it easier for the individual to undertake the ordeals of initiation. This conviction creates a state of aspiration in those who are yet members for they too would like to grow up” (see Daniel, 2009:157). Undergoing initiation rites is a symbolic identification of bravery and masculinity, through ritual circumcision a boy transitions into manhood. This is substantiated by Vandello and Bosson (2012:102) argue that real manhood is not a natural condition that comes about freely through biological maturation rather it is an artificial state that boys must win and gain against powerful odds. According to Chauncey (1994:90):

“Whereas manhood could be achieved, it could also be lost; it was not simply a quality that resulted naturally and inevitably from one’s sex. The calculated character of the everyday rituals of male sociability, solidarity, and competition by which men enacted their manliness and demonstrated their relative virility suggests the remarkable degree to which they regarded their manliness as a kind of ongoing performance”.

According to Matza (2009:5), men act in concert with or resist gendered customs to be seen as men, such understanding of masculinity relies on the background of cultural masculinities. For instance, “while an individual’s self-identification is paramount, the multiple ways in which that individual is viewed and classified by others is equally significant” (Matza, 2009:5).

## **CONCLUSION**

This chapter has outlined the focus of the study as well as its aims. It has also highlighted the significance of the study and its contribution to the larger body of knowledge. Furthermore, the chapter also highlighted the intellectual motivation and background to the study and looked at the key research questions and broader issues of the study. Lastly, the chapter examined existing research studies which have been conducted on the subject and discourse of male circumcision within a higher education institution.

# CHAPTER TWO

## Research Methodologies and Theoretical Frameworks

### 2.1 INTRODUCTION

This chapter presents the methods employed for this research study. It discusses the study population, the sampling procedure which was utilized for the study, and then look at how data was analyzed. It also looks at the ethical considerations and the limitations of the study. Furthermore, it outlines the theories which were employed utilized; namely the Social identity theory and the Social constructionist theory.

### 2.2 RESEARCH METHODOLOGY AND METHODS

#### 2.2.1 RESEARCH SITE AND APPROACH

The University of KwaZulu-Natal was formed on 1 January 2004 after the merger between the University of Durban-Westville and the University of Natal. It comprises five campuses namely Howard College campus, Westville campus, Pietermaritzburg campus, Edgewood campus, and the Nelson Mandela Medical School<sup>3</sup>. This study was undertaken at three of the University of KwaZulu-Natal campuses namely; Howard College, Westville campus, and Edgewood campus, where it looked at the perception of African male students regarding medical male circumcision and traditional male circumcision. Initially the researcher had planned to cover all five campuses of the University. However, because of logistical reasons and some participants either withdrawing or becoming unavailable, the researcher was obliged to settle on three of the five university of KwaZulu-Natal campuses. However, it is believed that a saturation point was reached with the sample community.

Mshana *et al.*, (2011:239) state that, traditional male circumcision is performed in many African countries as an important ritual that integrates a male child into society according to cultural norms. For the purpose of the study, the researcher specifically focused on local Black African male

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<sup>3</sup> The university of KwaZulu-Natal hosts an estimated 40 000 students counting International students from over 70 countries (Higher Education HIV/AIDS Programme, 2008).

students in UKZN. This was because circumcision carries significant cultural meaning for the local Black African students, more specifically the Zulus and Xhosas, and further to that, the university is demographically dominated by Black African students. Therefore the study specifically sampled Black African Zulu and Xhosa male students. When the researcher refers to 'local Black African', she specifically refers Xhosa and Zulu students at UKZN.

This research was exploratory in nature and it used primary data which was collected through field work and through analyzing extant secondary literature and data. Mouton & Marias (1990:147-148) "express the purpose of the research paradigm as being to determine what might be considered to be an acceptable solution to a problem and what may not, and the researcher's task is to determine the ways of solving identified problems as far as possible".

This study was qualitative in nature. Qualitative research according to Anderson (2006:3) is "collecting, analyzing, and interpreting data by observing what people do and say, qualitative is much more subjective than quantitative research and uses very different methods of collecting information, mainly individual, in-depth interviews and focus groups." The advantage of employing qualitative research is because "it attempts to make sense of phenomena to be understood from a participant's perspective" (Merriam, 2002:6).

### **2.2.2 SAMPLING AND SAMPLE TECHNIQUES**

The study employed a non-probability technique on local Black African (Xhosa and Zulu) male students between the ages of 18-25 years who were purposively recruited to participate in the study on the basis that they met the criteria of having undergone male circumcision. The researcher had prior conversations with male students who showed interest in the subject matter. The researcher also relied on word of mouth from the male students that the researcher had made contact with; posters were pasted in the University residences and the UKZN Campus HIV/AIDS Support Unit (CHASU).

Snowball sampling was utilized in recruiting the remainder of participants of the study. Goodman (1961:148) defines snowball sample as "a random sample which is drawn from a given finite population". The participants who were selected were those who met the criteria of having

undergone circumcision either traditionally or medically. Each participant was given an informed consent form to sign and they were informed about confidentiality and that pseudonyms would be used when data is presented. The researcher used the symbol \* to denote the use of pseudonyms for the study participants.

### **2.2.3 DATA COLLECTION**

Data collection was conducted through fluid semi-structured interviews and focus group discussions. Semi-structured interviews, according to Cohen and Crabtree (2006) can provide a researcher with reliable, comparable qualitative data and allow freedom for the informants to express their views in their own way. The participants for the interview were 15 in total. The researcher interviewed five local (5) Black African male students from each of the three study locations (campuses) who met the criteria of the study. The small sample was able to assist the researcher to build close relationships with the participants thus enhancing the validity of fine-grained, in-depth inquiry in naturalistic settings (see Crouch and McKenzie, 2006:483).

Each interview took about 45 minutes to an hour which was subject to the availability of the respondent. Some of the interviews took longer as respondent wanted to express and give their views in detail. Taking into consideration the nature of the study and that all respondents were male students, the interview took place in a conducive public place where the researcher felt comfortable as the researcher is female. Due to time constraints some participants asked the researcher to interview them at their halls of residence. In these instances, researcher took a companion for safety reasons.

Further to that, the researcher already had knowledge and acquaintance with the men's forum who promote male circumcision among male students at the University of KwaZulu-Natal. The men who attend or who are part of the forum were comfortable talking about male circumcision even though it is considered a sensitive topic.

The interview questions were open-ended and all interviews were electronically recorded<sup>4</sup>. Permission was solicited from the participants prior to the researcher using a recorder. Furthermore, the researcher also took short notes during the interviews with the permission of the participants. Participants that formed part of the interview also took part in the focus group discussions. This enabled triangulation of data emanating from the discussions to be pointed out and themed accordingly. The focus group discussion made it possible for the researcher to crosscheck dominant views and dynamics from participants in an open group discussion, as participants were able to express themselves more in a group setting.

Interviews were conducted in English. However, where the participant were not clear and in cases where the participants preferred to answer in isiZulu that was permitted and the researcher transcribed data into English during data write up. . Permission to undertake the study was solicited from the UKZN registrar. Additionally, the researcher issued an informed consent form for the participants to sign as a way of attaining their permission to be interviewed.

A focus group, according to (Thomas *et al.*, 1995 as cited in Rabiee 2004:655) is ‘a technique involving the use of in-depth group interviews in which participants are selected because they are a purposive, although not necessarily representative, sampling of a specific population, this group being ‘focused’ on a given topic’. From potential participants identified through snowball technique, final participants are selected on the criteria that they would have knowledge about the topic, who are within the same age group, have the same socio-characteristics and would be comfortable to talk to the interviewer and with one another (Richardson and Rabiee, 2001 cited in Rabiee 2004:655). The researcher assembled a focus group with the Men’s forum from UKZN Campus HIV/AIDS Support Unit (CHASU).

The focus group meetings were conducted on two separate occasions. The first focus group meeting focused on a discussion regarding Traditional male circumcision and the second focus group focused on Medical male circumcision. Each session of the focus group took about 45 minutes to an hour depending on the longevity of discussion and availability of the participant’s;

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<sup>4</sup> Some participants did not consent to being recorded during interviews, thus the researcher had to manually write down participant’s responses.

hence time was either extended or reduced. The focus group discussions contained six (6) participants each. The researcher was aware that confidentiality can be an issue when conducting focus group discussions. Nevertheless the researcher asked all participants who were part of the focus group discussion not repeat information and narratives of individuals who were present during the discussions with other people. The researcher was able to place emphasis on confidentiality at the beginning and ending of the focus group meetings and informed the participants about the importance of not informing other people about what was discussed.

To present the narratives of the participants of the focus group discussion, the researcher labelled each narrative from the six participants as 'participant 1, 2 up to six. The researcher did this so that she could use numbers in lieu of the real names of the participants. Furthermore, the researcher did follow up interviews with four of the participants who were part of the focus group discussion

The focus group meetings were held at the Campus HIV/AIDS Support Unit CHASU boardroom. The researcher made arrangements with the Health promoter (Noxolo Batembu) at the Campus HIV/AIDS Support Unit regarding use of the boardroom and when need arose during the focus group discussions the health promoter was able to assist. An electronic tape recorder was used during the focus group meeting with the permission of the participants.

## **2.3 DATA ANALYSIS**

After data collection from both the interviews and focus group discussion was completed, the researcher transcribed and analyzed all electronic recordings and jotted notes which were taken during fieldwork. Thematic analysis was employed to analyze data was collected through interviews and focus group discussions. Thematic analyses, according to Braun and Clarke (2006:80) is a method which is used to identify, analyze and report themes within data. The researcher had to interpret data she collected during fieldwork and code it in order to identify patterns or themes which emerged from the raw data. Moreover this allowed the researcher to describe the data she had collected in rich detail. This was achieved through listening to electronic recordings that the researcher used during fieldwork and also the researcher had to go back and looked at field notes so as to carefully grasp accounts or narratives of the participants.

## **2.4 VALIDITY AND TRUSTWORTHINESS**

Lincon and Guba (1985) propose that trustworthiness is important in a research study to allow the evaluation of its worth, thus this can be possible through establishing credibility and transferability of a research study. Reliability according to Drost (2011:106) is the extent to which measurements can be repeatable on different occasions, performed under different conditions and yield the same results. For the researcher to maintain trustworthiness, the researcher tried to minimize biases by reflecting on true perspectives of the narratives of the research participants. The researcher had to repeatedly revisit the data that was collected to represent accurate accounts of the participants thus ensuring validity of the study.

## **2.5 ETHICAL CONSIDERATIONS**

This study was in compliance with all the ethical codes of conducting research as prescribed by the University of KwaZulu-Natal's High Degree Committee. The issue in this research was relatively speaking not considered, as a highly sensitive one. Further to this, the researcher was mindful that the participants' identity had to be protected. It was for this reason that the participants were protected through anonymity and the use of pseudonyms in the data write up. Section one of the UKZN Research Ethics Policy describes the pursuit of knowledge to be the pursuit of truth. The policy thus expects researchers to maintain the highest standard of honesty and integrity, while it rejects any possible form of academic dishonesty. This research study therefore, abides by such principles, such as honesty and integrity by way of employing safe and responsible methods as well as ensuring fairness and equity for the participants. Additionally, participants of the study were adequately informed about the study's nature, aims, and objectives. They were equally informed of the contribution that their participation would make in the study. On that foundation, they were encouraged to pledge their participation to the study. For purposes of honesty, they were also alerted that they should not expect any sort of reward or any similar benefits in return for having pledged their participation.

## **2.6 INFORMED CONSENT**

The participants were given letters of informed consent containing necessary details before partaking on the study. This letter was also available in isiZulu. The letter guaranteed them anonymity and confidentiality of the information they supplied for the purposes of this study. The



letter informed them that their real names were not to be used at any point of the study only pseudonyms were to be used. In that regard, relevant details of the supervisor were specified in the letter. They will also be reminded of their right to withdraw their participation at any time should they feel that the study is of any inconvenience to them.

## **2.7 LIMITATIONS OF THE STUDY**

During the course of the study the researcher encountered a number of challenges. Firstly some students were not comfortable being asked questions about circumcision as it is regarded as a personal and sensitive topic. Some participants felt it was a taboo and private issue and were not comfortable to talk about it especially to me as female. When the researcher was interviewing some Xhosa men they informed the researcher that the things she was asking them were not even talked<sup>5</sup> about to female members of their community as the circumcision ritual is regarded as sacred and secretive thus women need not know about some certain aspects of it.

I had to also be critically reflexive of my position as a woman. As a female researcher conducting such a study was thus, challenging at some point. When I approached participants for the study, I informed them that the study focused on male circumcision. Most of prospective participants would look at me with shock and they would ask why as a female had chosen such a topic and they would make off-putting comments. Some men would say that they would not talk to a woman about such an issue especially men from orthodox traditional backgrounds. Thus, I had to phrase or prompt my questions during interviews in a way that was not offending. Even though it was difficult initially for the study participants to open up to me as a female; through trust and rapport building they later opened up about issues they initially did not want to talk about. Trust and rapport building are the hallmarks of doing anthropological research.

Additionally, some of study participants felt uncomfortable to have the interviews recorded. The researcher had to write down the narratives of the participants during the interviews, which made it difficult to capture some of the important points. The researcher had to ask participants to repeat some information which they had narrated; this made the interviews take longer to end at times.

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<sup>5</sup> According to Mavundla *et al.*, (2009:396), Xhosa men are not allowed to talk about the ritual with women and children.

The researcher used the university school bus to get to Westville campus and Edgewood campus to recruit study participants. However, there was difficulty experienced in attempting to secure space to conduct the interviews in Westville and Edgewood, the researcher was fortunate in that some participants were willing to come to Howard College campus. Some of the challenges that were experienced were due to the unpredictability of the availability of participants. Some of the participants would agree to meet with the researcher but would cancel the appointment just before the scheduled interview time. At certain times the researcher would have already reached the agreed place for the interviews. Some of the challenges that were experienced were due to the unpredictability of the availability of participants. Another challenge which the researcher encountered was the withdrawal of research participants, which prompted the researcher to have to recruit new participants. Lastly some participants would go off topic and would want to discuss certain issues. However, I learned not to entertain things such as them asking me out and asking about personal issues. I would always 'just brush it off wittily'.

## **2.8 THEORETICAL FRAMEWORK**

A theory can be defined as “ a set of interrelated constructs (concepts), definitions, and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining and predicting phenomena” (Kerlinger , 1986: 9). A theory “carefully outlines the precise definitions in a specific domain to explain why and how the relationships are logically tied so that the theory gives specific predictions” (Wacker 1998:363-364). This study thus employed Social Identity Theory (SIT) and Social Constructionist Theory to guide the study.

### **2.8.1 SOCIAL IDENTITY THEORY**

The social identity theory was developed by Tajfel and Turner in 1979. Hornsey (2008:204) stated that the theory of social identity has been elaborated, re-interpreted and misinterpreted. Turner (1982:17-18) defines social identity as “the process of locating oneself or another person within a system of social categorizations’. Moreover, Brown (2000:746) stated that the social identity theory is of the assumption that social identity is derived primarily from group members and proposes that people strive to maintain a positive social identity and that this positive identity derives largely from favorable comparisons between the in-group and relevant outgroups. In

summary, social identity is about being part of a social group that is, being able to see things in the same perspective and practicing the same social norms as people within the social group.

In order to probe the perceptions of male students towards male circumcision, social identity theory was employed. Kang'ethe (2013:113-114) asserted that the practice of circumcision usually serves the role of group and cultural identity, and marks an important milestone, mirror and a social pillar of these societies. A sense of belonging and being part of a group gives a person a sense of identity as they are able to relate and identify with other members of the group. Circumcision carries great cultural meaning and importance for many people and those who have undergone circumcision in societies that practice it are accepted and respected. Circumcised men also eligible to partake in societal roles which they could not qualify to do prior to being circumcised.

Being circumcised places people within groups of either circumcised or uncircumcised medically circumcised or traditionally circumcised. Each of these groups has peculiar social attachments to it. As such, the presence of male circumcision shapes the identity and a sense of belonging of male students. Using the theory of social identity, the researcher was able to understand how male students strive to belong to these groups in order to identify with the group and the characteristics attached to it. This helped the researcher understand the dynamic encounters of male student on their journey to gain the role and identity attached to the different groups stated above.

### **2.8.2 SOCIAL CONSTRUCTION THEORY**

The social constructionism theory can be defined as a “perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences” (Gergen: 1985) as cited in Owen (1995:161). Moreover, Gergen (1985:266) further asserts that the theory is concerned with “explicating the process by which people come to describe, explain or otherwise account for the world (including themselves) in which they live in”. According to Owen (1995:161) social construction theory “regards individuals as integral with cultural, political and historical evolution, in specific times and places”. Hoffman (1990:2) argues that the theory holds that our beliefs about the world are social constructions.

Vardanyan (2007) argues that circumcision is a prime example of social construction. For many societies, to be circumcised symbolizes a transition from being a boy to being a man. However, it is not the same when a man decides to be circumcised medically, as it is done for health reasons. Societies have constructed perceptions and views on medical and traditional male circumcision. Times have changed where circumcision has been previously practiced for traditional purposes. Contemporary society has reinvented the practice as to why it was traditionally practiced and what it means for societies that practice it, to being introduced within the medical discourse as a preventative measure against HIV/AIDS. Pappas-DeLucus *et al.*, (2009) for example, argued that the decision made by people to be circumcised is more influenced by culture or health. This is to show that certain practices and beliefs, such as the need to or not to circumcise, are only but a social construction that could be adhered to or not based on the society. The theoretical framework in turn helped in outlining how male students' view of male circumcision has been embedded in and shaped by the societies in which they live.

## **2.9 STRUCTURE OF DISSERTATION:**

### **CHAPTER ONE: Introduction and Literature Review**

This chapter gives a brief introduction; describe the problem statement and the significance of the study. The chapter also outlines the key questions of the study; broader research questions look at the existing literature and the significance of this study.

### **CHAPTER TWO: Research Methodology and theoretical Framework**

This chapter presents the methodology utilized in the research that is, the collection of data, the sample of the participants, how data was analyzed and ethical considerations regarding the study. The chapter also discusses the theories that help guide the study- namely the social identity theory and social construction theory.

### **CHAPTER THREE: Perceptions about Male Circumcision and Traditional and Medical Male Circumcision**

This chapter presents the data collected in relation to how local Black African male students perceive male circumcision. The chapter explores how traditional male circumcision is perceived in relation to medical male circumcision. It looks at what it means to be a ‘real men’ especially within traditional male circumcising community. It also looks at the reason young local African students decide to get circumcised. Lastly it focuses on the significance of circumcision culturally.

### **CHAPTER FOUR: Male circumcision as a preventative measure against HIV/AIDS acquisition**

This chapter presents the findings regarding male circumcision as a preventive tool against HIV/AIDS. This chapter probes the perceptions of circumcised local Black African male students who are either medically or traditionally circumcised. It interrogates how African male students construct their safety through circumcision which then makes them more susceptible to HIV/AIDS. In addition it probes how circumcised local Black African male students perceive condom usage by probing their perceptions of branded condoms in constructing their self-image. Lastly it explores how local Black African male students construct masculinity through sexuality, thus leading them to be involved in risky sexual behaviors.

### **CHAPTER FIVE: Stigmatization of medically circumcised and non-circumcised by students from traditional circumcising communities**

This chapter focuses on data findings regarding the perceptions of traditionally circumcised male students towards males who have not been circumcised traditionally and those who have not been circumcised. Lastly it probes the perceptions of Black African male students on the influence of culture in the construction of masculinity; it also probes the cultural construction of the penis and further interrogate the reconstruction of the “real man”.

## **CHAPTER SIX: Conclusions and summary**

This chapter summarizes the dissertation by pointing out important thematic issues that would have emerged during the study. This chapter also includes a conclusion which discusses the promotion of medical male circumcision and the African student's construction of masculinity.

### **2.10 CONCLUSION**

This chapter outlined the different data methods which were utilized during the course of the study. It has also outlined the different sampling methods which were employed whilst soliciting study participants. The chapter has outlined ethical standards which the study had to adhere to. Furthermore, even though there were limitations to the study, the researcher was able to build rapport with the study participants which made it possible for the researcher to obtain rich data for the study. Moreover, it looked at the theories which informed the study namely, the social identity and social constructivism theory. The theories helped in understanding how young local African men/students construct their 'manliness' through circumcision and how their identities are shaped through getting circumcised.



## **CHAPTER THREE:**

### **Perceptions about Male Circumcision and the Understanding of Traditional and Medical Male Circumcision**

#### **3.1 INTRODUCTION**

The perceptions of people towards circumcision are influenced by attitudes of the community and the practices of that particular community (see Mbachii and Kariuki, 2013:390). Male circumcision practice has a long history that is highly valued in traditional and modern circles in different communities (Sibande, 2013:3). Male circumcision is understood as the cutting off of the foreskin of the male's reproductive organ, (Nahid, 1993; Mbiti, 1975; Pelzer *et al.*, 2007 and Dean, 2000). The practice of male circumcision carries significant importance as affirmed by Sibande (2013:3) "Although the origins of the practice are elusive, the tradition has been upheld for different reasons from time beyond reckoning." Initiates are given special teachings during the ritual, teachings such as sex education, important attributes of bravery, words of wisdom and patriotism. Male circumcision in South Africa is often understood as "going to the bush" or "going to the mountain." When performed in non-clinical settings and overseen by a traditional surgeon, it is referred to as Traditional male circumcision as opposed to medical male circumcision which is performed in a clinical setting and overseen by a medical professional.

The Higher Education and Training HIV/AIDS Programme (2015)<sup>6</sup> (HEAIDS) initiated a set of goals in Higher Education Institutions across South Africa for the promotion of circumcision amongst male students and the staff in tertiary institutions. The set goals for HEAIDS<sup>7</sup> are to make it possible for the young people passing through the higher education sector within all 400 campuses across South Africa to be healthy and competent to take their rightful place in contributing to the economic growth of the country.

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<sup>6</sup> HEAIDS is a national facility to develop and support the HIV mitigation programs at South Africa's public Higher Education Institutions (HEIs), and progressively Further Education & Training Colleges (FETs).

<sup>7</sup> One of the many programs that have been pioneered by (HEAIDS) across institutions in South Africa is the Brothers of Life or Masculinity Campaign which tackles issues such as male sexual health, HIV/AIDS prevention, medical male circumcision and Rape and Gender based violence.



University students constitute an important cohort of the future labour and intellectual capital of a country. For this reason, “an understanding of factors that influence the adoption of male circumcision in communities with traditionally high levels of the practice will be useful as methods of promoting male circumcision are developed as an important component of HIV prevention programs in all parts of the world” (see Iliyasu, 2012:95). This chapter presents the participants’ narratives, their understanding of being ‘indoda’ (a man) its meaning and their perceptions. This was achieved through tapping into the cultural and social meaning of the practice of circumcision by African male students. Furthermore, it probes the reasons why local African male students undergo male circumcision, either in medical or traditional settings. The chapter further explores the cultural dynamics that are imbedded in the importance of following one’s ‘culture’.

### 3.2 Ngiyindonda: I am a man

*A man is only a man when he is circumcised, if you not circumcised you are not seen as a man. Without undergoing male circumcision you are not considered a man at all sis wam (my sister). A person is considered a “child” or “boy” if they do not get circumcised. Yazi nje uvele ungabonwa njenge indoda futhi nje awuhlonishwa nakuhlonishwa uma ungayanga entabeni (you know, you are not seen as a man and you are not even respected if you did not go to the’ mountain’). I decided to get circumcised because I wanted to be a man and to be respected by my peers so a man is someone who has gone through initiation to return home as man. In my community you are even chased out in taverns by other young man if you are not circumcised. You are told that you do not ‘fit in’ and that umfana akahlani namadoda (a boy does not hang out with men). Circumcision is a gateway to societal acceptance sis wam, who wants to be an outcast and to be insulted certainly not me (he looks at me with a serious face). When you are cut, it is important that you do not flinch and after the traditional surgeon is done you have to scream, “Ngiyindoda”.*

These are the words of Nathi\*<sup>8</sup>, who is a 24 year old second year masters’ student. He says, after getting circumcised he was able ‘to get girls’ attention’ as well. He further stated that he felt

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<sup>8</sup> \* Represents pseudonyms that were used for the participants of the study.

‘different’ after coming back home, saying the whole experience was not easy ‘*eish sis wam*<sup>9</sup>’. Men who undergo initiation are said to be somehow (!) “distinguishable” from males who have not undergone circumcision by their social behavior and vocabulary (see Vincent, 2008:83). In this regard when an initiate returns home from the mountain or bush his conduct has to be (seemingly) different from what it was prior to him getting circumcised. Behavior is also perceived as different from the other boys who are not circumcised, because of the teachings grasped during the initiation period. The teachings are said to be imparted to the initiates as part of the process of making a man out of a boy. Turner (1960: 47) substantiates the latter by stating that “the ritual subject has rights and obligations which are clearly defined, the behavior of the subject has to be in accordance to customary norms and ethical standards”.

Nathi\* said he was aware of how good looking he was as he has never found it difficult to attract ladies. Yet not being circumcised at first was his worry when meeting girls. Now being circumcised he feels more confident about his looks and ability to not only attract ladies but also make them remain in relationships with him. (As we continued with our interview, as if to prove his point, he tried to ask for my cell number and said he would like it if he can take me out sometime!)

*‘sis wam, in my culture women prefer circumcised men like me, wena Sinah awuyifuni yini indoda emadodeni efana nami’ (don’t you want a real man like me?).*

This view held by Nathi\* about men being considered as “real men” has also been looked at by (Elliot, 2003; Hunter, 2005; Lynchet *et al.*, 2009; Langa, 2012). This perception has been shown to be driven by societal beliefs and expectations of men, thus, socially constructing what consists and what does not consist or make up a real man. Male circumcision, from what I gathered from talking to Nathi\* is that it changes the boy who is now regarded to be a ‘man’ in terms of how he behaves. The change in behavior and personality is said to be attributed to the teachings that are given or acquired during the initiation period (see Anathi, 2015:136).

The notion that circumcision makes you a man was not shared by all research participants. Thabo\* a short light skinned Zulu male student of 20 who is currently doing his second year in

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<sup>9</sup> “sis wam” refers to ‘my sister’

community and development studies reported that he was recently circumcised medically. He stated the following:

*Circumcision has nothing to do with becoming a man*’ he says this with a proud look on his face and laughs. When I ask why he laughs, he says the following: *Being a man is a state of mind, you cannot teach or be taught to be a man, but our culture especially in other Black communities where circumcision is considered sacred, young men are taught that the only way for them to be considered “men” and to be respected they should get circumcised. Which is wrong if you can ask me. Uyazi if ufunda amaphepha uzwa ukuthi abafana abaye kuyosokwa bafile noma ubudoda babo ngeke busasebendza ( if you read the papers you hear that young man have died in initiation schools whilst undergoing circumcision or that their manhood will never work properly). These young men do this to make their families happy, to feel a sense of belonging and that bamadoda angempela (they are real men).*

In the Xhosa cultural context, a man is not regarded as a man if he has not undergone circumcision (see Nkosi, 2005:1). In the same vein, Meyer and Struthers (2012:154), stated that circumcision literally “cuts to the core of masculinity as it is a direct engagement with the key biological marker of manhood which is the penis”. Circumcision is constructed as a cultural tool ‘to make a real man out of a boy’. Masculinity is claimed as being achieved through undergoing the rite of passage and the pain that an initiate goes through is seen as an important aspect that takes out the boyish nature out of the newly achieved manhood status, hence not crying when the foreskin is cut symbolizes strength and endurance. Circumcision serves as a “symbol of power, social obligation, group as well as tribal identity” (see Kang’ethe, 2013:109). Circumcision, it is claimed, embodies the attainment of masculine identity and cultural identity which validates acceptance of a young man into their communities and societies.

Lucky\* was a final year mechanical engineering student, who I came into contact with in a taxi from town to campus. We started talking and he asked me about the course that I was doing. He wanted to know more about it and the research I was conducting. He became interested in the study and willingly volunteered to be interviewed. He stated that he is Xhosa. However he was circumcised medically and that his parents “got mad” when he told them. *‘Ukulukwa<sup>10</sup> is just not*

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<sup>10</sup> Ukwaluka is an amaXhosa word which refers to the rite of passage from ‘boyhood’ to ‘manhood’.

for me', the latter is the response I got from Lucky\* when I asked him about what it means to him to be circumcised and becoming a man.

*I will rather not be considered 'not a real man' than to go to the mountains to die', this is what Lucky said to his parents, he explains that his father looked so disappointed at him and told him "awuyona indoda mfama wami" ( you are not a real man my son) and walked away. His relationship with his father has never been the same since. Lucky explains that a close family friend passed away during initiation and ever since he vowed to himself that he will not get circumcised traditionally. I do not understand why traditional male circumcision is still practiced in my community, even with the death rate each year and for my parents to have wanted me to go through that process I will never truly understand, what I know for sure is that I do not regret the decision I took and I would not have it any other way. He says this (Lucky) with boldness and smiles at me. Sina<sup>11</sup> if that does not make me a man I do not know what will, I took a decision of my own and in my own opinion 'ndiyindoda' (I am a man).*

These conversations with the participants bring out a vital disparity in the views that some of the participants share regarding circumcision, whether medical or traditional. Some males had particularly strong feelings and beliefs that male circumcision marked a transition of a young boy becoming a 'real man' after undergoing ritual circumcision. The men who do not hold the same belief are likely to undergo circumcision within the medical setting as they do not subscribe to the belief that 'manhood' is attained through going to the mountain.

Section 12<sup>12</sup> (10) of the children's Act of South Africa provides for 'the right of any male child to refuse to be circumcised, taking into consideration the child's age, maturity and stage of development. It suffices to say I was exercising my rights as a South African. Lucky\* pointed out that being a man is in the head, and that manhood should not be entangled with the notion of going

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<sup>11</sup> Sina is short for Sinakekelwe, which is the name of the researcher. Most of the participants referred to me (the researcher) by that name.

<sup>12</sup> Children's Act No. 38 of 2005, section 12(10).

through the initiation process. *Your perceptions about life and how you deal with life challenges to me signifies “ubundoda” (manhood).*

### **3.3 Uyindoda ngezenzo: The reasons “I got circumcised”**

Circumcision is an age old practice that is said to integrate a young man into society. The practice is perceived as guaranteeing societal acceptance of a young man and affords a young man the legitimate right to be called a ‘real man’. Through the practice, a man attains a sense of belonging with his fellow kinship group. This is so because men who decide to go through with circumcision develop a ‘shared understanding’, and social capital, especially in societies that circumcision is practiced culturally and traditionally. Male circumcision has been practiced for many years for religious, cultural and medical reasons (see Auvert *et al.*, 2005). Opting to undergo circumcision is a huge decision (see Pierotti and Thornton, 2012:14).

Aviwe\* is a 24 year old charismatic third year Law student, well dressed and outspoken. He complained about the long day he had before sitting down. He asked about my day and we begin with our interview. I asked him the reasons he became circumcised and he laughed out loud and says ‘*where can I start?*’

*Uyabona weSina, isizathu esangengenza kuthi ngiyosoka yingoba bengihlala ngizwa ngokusokwa kuradio bathi kusoka kwenza umuntu wesilisa kuthi abe clean nokuthi kuciphisa amathuba okuthi atheleleke ngesifo sengculaza nalezinye izifo ezithathelanayo ngocansi kanti futhi kwenza ukuthi abantu besifazane bayakuthanda ngoba ukwazi ukubanelisa nangabe nenza ucansi (you see Sina, the reason I became circumcised was because I often heard from the radio that circumcision is good for the hygiene and makes a man clean (genital areas) and that it reduces the chances of a man by 60% from being infected by HIV/AIDS and other sexually transmitted infections and also that it enhances sexual enjoyment). Even though I was scared to get circumcised because of the fear of pain and that something might go wrong, I was comforted by the fact that I will be able to satisfy my girlfriend(s).*

*Uyazi phela mina weSina ngiyisoka*<sup>13</sup> (Sina you should know that I am a “ladies man “) he says this with pride in his face and looks at me as if I should be impressed. When I asked him if he is not scared of HIV/AIDS or getting his girlfriend (s) pregnant, he abruptly responds by saying “*phela mina angisona isilima*” (I am not a stupid), *unlike other guys whom I have spoken with around campus, I still do use a condom. You know I have had most guys saying ‘ngeke uwudle uswidi usephepheni’ (you cannot eat a sweet if it is wrapped).* I asked him to explain the statement to me, he responded by stating that ‘it is of the belief among men that you cannot enjoy sex if you put on a condom, so it is better and more enjoyable to have sex without the use of the condom.’ Having multiple sexual relationships is revered among men, this is because men want to be respected by other men, and hence having multiple sexual relationships establishes their masculine identity (Gibbs, Sikweyiya and Jewkes (2014:30). From what Aviwe\* said “‘ngeke uwudle uswidi usephepheni’ (you cannot eat a sweet if it is wrapped)”, it was evident that not using a condom would enact sexual and masculine identity of a real man. Therefore, young men equate masculinity to beliefs such as “flesh to flesh” and “awudliwa uswide ephepheni.” Chatting on his phone Aviwe\* continued stating that: getting circumcised has helped me to be proud as a man and because the foreskin was removed ‘ngizwa ngishaywa ngumoya’ (I feel fresh) and clean<sup>14</sup>. He says after getting circumcised he started to also encourage his other friends to also get circumcised.

Nathi\* “circumcision is not just about cutting of the foreskin, it carries deep meaning especially in the community I come from. I got circumcised because of the cultural significance of circumcision and the fact that circumcision defines who I am ‘ungumamaXhosa kanjani (how are you a Xhosa) if you are not circumcised. ‘Circumcision gave me identity’ he says this with an assertive voice. My forefathers practiced circumcision, so who am I to go against ‘amasiko abokhokho bami’ (the tradition of my ancestors).

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<sup>13</sup> Isoka is an isiZulu word which refers to a man who has more than one girlfriend(s).

<sup>14</sup> “cleanliness finds different expressions and is associated with various aspects, such as hygiene, disease prevention, desirability and a feeling of inner/ symbolic cleanliness” (see Lundsby *et al.*, 2012:360)

In traditional circumcising communities, male circumcision is regarded as very important, since it is perceived as keeping alive cultural practices and social (group) identity (see Ali, 2013:8). This socially constructed belief on the role and importance of circumcision in such communities play a huge role on how young men shape their behaviors, either to conform to such beliefs or act against them (Connell & Messerschmidt 2005; Gwata, 2009; Plummer & Geofroy, 2013). Consequently, for young men to be accepted and attain 'their masculinity' they then choose to become circumcised, since for them, choosing to forgo circumcision would bring about social exclusion and rejection.

Nathi\* further states that *'during the initiation process you are educated and given necessary teachings "okuba yindonda" (for being a man) and the true value of being a man and also the responsibilities that come with being a man. The pain we endure signifies that you can withstand whatever life throws at you.* He added that *'ngathi ngibuya entabeni'* (when I got back from the mountain) I received gifts from my family such as a new bed and clothing. Even though I was happy to receive all these gifts, nothing compared to the look of joy from my father, he was very proud of me. He continued to say that, his opinions matter even if there are disputes even in the family. I am respected both at home and even in my community, *'phela ngiyindoda manje'* (I am a "man" now and he laughs). Parents are often shown to reinforce certain community and societal norms in their children directly or indirectly.

As such, to Nathi, seeing his father happy was greater than any other affirmation and gifts given to him after his circumcision. In this way, the presence of a parent figure can illicit some desire amongst a young person, to honor, respect, satisfy, please and obey the parent figure. This process on the other hand, contributes towards the buildup of a certain behavior or attitude towards the world and different forms of practices, including circumcision, from the young person.

Not all the participants share these same sentiments. For Sizwe\*, doing his honors in industrial psychology, and who comes from a community where circumcision is neither promoted nor practiced, circumcision does not have any cultural or religious value. Sizwe\* was medically circumcised in 2012.

*I felt like a man after I got circumcised, I do not know how but I just did. Even when I speak to girls 'ngizizwa ngiyindoda nami' (I feel like a man) circumcision made*

*me responsible in a way. You know most people especially my friends who have been circumcised traditionally just think you go to the doctor and it is just 'nip and tuck' (he says this with a big smile on his face). Yazi Sina (you know) the time I went to get circumcised, I went through pre and post counselling, just because it was done in the clinic by a trained professional it does not make it less 'significant.'*

One stresses though that, male circumcision should not be seen as a technical act even if it is performed in medical settings, as it is a practice which carries a host of socially constructed and socially enacted clutch of meanings (see Aggleton, 2007:15). Medical male circumcision has its own significance within the society since many people undergo MMC because of benefits; such hygiene and prevention of sexually transmitted infections. Sizwe\* stated the following:

*It is the prerogative of men to choose which method they would want to undergo, even though MMC does not have any cultural connotations it should not be regarded as less important.*

However, for some males, since MMC is practiced in the medical setting it is seen as less important and the findings reveal that, male students coming from traditional circumcising communities do not condone MMC. This is because MMC is not part of their own socio-cultural reality and worldview and their socialization holds ritual circumcision in high esteem.

*I have been told by my grandfather that circumcision was once upon a time practiced in KZN<sup>15</sup> however for reasons which I do not remember it was stopped. Ngokwami ukwazi, ukusoka okwabafana bamaamaXhosa, thina sama amaZulu asihlangani ndawo ngalokho, lokho nje mina kuyangijabulisa angifuni kuqambha amanga Sinah (to the best of my knowledge traditional circumcision is for amaXhosa boys and that just makes me happy I do not want to lie). I do understand the traditional reasons why societies and communities that practice traditional male circumcision find the ritual to be so sacred however for me I would never in a million years opt for it if I was given the choice 'mina bengingeke ngikwazi*

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<sup>15</sup> KZN, abbreviation for 'KwaZulu-Natal' it is important to note that KZN is historically a non-circumcising province, with low circumcision prevalence rates and the highest prevalence of HIV infection in South Africa (see Phili, 2014).



*kuyimela” (I was not going to be able to withstand the whole process of traditional male circumcision). I got circumcised because of the benefits of MMC like good hygiene.*

Sizwe\* confessed that he has ‘never been with a girl’ in his life but he has been told by his friends and other people that another benefit of circumcision was sexual enhancement, he was not sure as he had not yet tested their theory (he smiles and looks down as if he is embarrassed).

The belief that circumcision enhances sexual enjoyment was a view that was strongly held by most of the participants of the study. Social interactions amongst men allow such beliefs to be imparted to other men, thus allowing such common connotations about circumcision enhancing sexual pleasure to be a collective belief among men. All of this again points to how beliefs about sex and sexuality and masculinity are social constructions that are communally held and perpetuated. Nonetheless, not all of the participants were of the same view, some regarded such beliefs as a novel idea which should be rejected and not taken into consideration.

Sphiwe,\* a recently circumcised first year student in the drama and music department, walked into my room and sits down cautiously on my couch. Sphiwe\* is a 19 year who comes from a non-circumcising community, who I got to know through one of the participants of the study. We had spoken on two separate occasions whilst I was telling his friend about my research. He did not seem interested then and openly said to me:

*‘I am never getting circumcised, why I would want some doctor to touch my manhood. Circumcision is not part of my culture and it does not carry any meaning of significance to me either way I do not even remember at home or even in my community being told about such a thing so why would I opt for such a thing which I have heard has claimed so many young boys’ lives’.*

Thus, it was a surprise to me when I met him again and he confessed to me that he had just been medically circumcised. Sphiwe\* looked as if he was in much pain. He stated that it had been two weeks since he was circumcised and this was after being advised by his elder brother about the

benefits<sup>16</sup> of circumcision, even though he was initially against circumcision. Sphiwe\* stated that he had also done some readings on circumcision and he was shocked about the number of people who have died during traditional male circumcision, saying he could not understand why even with the complications<sup>17</sup> young boys still continue to undergo the Traditional male circumcision.

Furthermore, he stated that he had read that *‘during the initiation period initiates, are dehydrated during their two weeks period of isolation in the belief that it will reduce the weeping of the wound. To make matters worse, a single blade is used to circumcise the young men and usually the blade is unsterilized and unwashed’*. More than 6,000 boys have been admitted in Eastern Cape<sup>18</sup> hospitals since 1995, more than 300 have died and 76 have their genitalia amputated due to botched circumcision (see Vincent, 2008:77). In the same vein, between 2001 and 2006 the Eastern Cape provincial department of health recorded 2262 hospitals admissions, 155 deaths and 208 genital amputations (Peltzer *et al.*, 2008:2). He continued to state the following:

Ngingamane ngingabizwa ngokuthi ngiyindoda nama ngingahlonishwa emphakathini kunokuba ngifele ize mina sis wam, ukungazi kufana ngokungaboni mina angeke ngiyoziphosa emgodini ngoba ngibona abaye beziphosa” (*I will rather not be called a man and not be respected in my community than to die for no particular reason my sister. Not having knowledge is like being blind so I do not see the reason why I would go throw myself into a hole just because I see others throwing themselves*).

I asked Sphiwe\* what he meant about the latter statement. He explained that; *knowledge is power and as a person you ought not to do something just because it is done by a collective and that as a man you should do what seems right to you even if some people look down upon you.*

For men who do not come from traditional circumcising communities, the significance of the ritual is not comprehensible; some see it as backward and cruel. However for other young men who

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<sup>16</sup> A study was conducted in nine sub-Saharan African countries on what motivated men to undergo circumcision. The motivation included the following; penile hygiene which was universally recognized as the most important and major benefit of circumcision (Westercamp and Bailey, 2007).

<sup>17</sup> “Studies have shown that in spite of numerous circumcision-related complications and premature deaths, there is still significant support for the practice of the ritual among the Xhosa” (see Gwata, 2009:1).

<sup>18</sup> The amaXhosa group of people are historically from the Eastern Cape.

come from communities where circumcision is regarded as an integral social norm their perceptions about the ritual are different. Men who come from circumcising communities understand that circumcision paves way into societal acceptance and also that through undergoing circumcision can enable a man to attain his manhood status and be considered a ‘real man’.

Nathi\* on the other hand did not agree with the conception that Sphiwe\* had. He said that, *‘njenge ndoda engumuAfrika kumele ulandele izifundiso zabokhokho bakho khona bazokukhanyisela indlela’* (as an African man you have to follow the lessons and traditions of your ancestors /forefathers so that they can bring you good fortune).

Nathi\* added that people criticize traditional circumcision without any understanding of the ritual. He further stressed that the print media<sup>19</sup> exaggerates things which then makes people to have negative perceptions about TMC; stating that, *“traditional male circumcision is looked down upon by people because of what they read in newspaper articles hence, when people think of circumcision they instantaneously link it with ‘getting botched’ or amputated, of which they are just misconceptions.”*

From what Nathi\* was saying it became clear how symbolic traditional male circumcision was for men from societies that practice circumcision as a rite of passage. For them it is not only about the cutting of the foreskin, the practice itself has different layers of meaning and significance as (Whiting *et al.*, 1958 as cited in Vincent, 2008:434) stated that “symbolically, circumcision can be read as a dramatic enactment of the separation of the son from the mother and the integration of the man into the community”. This points out to how circumcision is used as a way of integrating a boy into manhood that is concentered by societal norms. Circumcision is viewed as means for a man to enact his masculinity and be given societal privileges such as the right to get married and also to be able to own property.

Sphiwe\* reported that he read somewhere that circumcision does in fact make a man a “sex god” and says that he cannot wait for the six weeks period to end so that he can be able to test drive *“umshini wakhe”* (he laughed out loud). He further informed me that his friends had also affirmed

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<sup>19</sup> In a study which was conducted in Kenya (2013), stated that ‘sensationalist or negative coverage promotes misconceptions and inhibits the adoption of male circumcision as an HIV prevention method, and retard even good health programs’.

that to him and told him that the only other reason other than penile hygiene was because they were told by *'other guys that if you are circumcised you are able to last longer when you are having sex with a woman and that makes more women want you'*.

During the interviews I learned that there is a notion among young men who have recently become circumcised, that they have to have sex after getting circumcised. This notion was noted among both traditionally circumcised and medically circumcised men. Meyer and Struthers (2012:152), states that the main reason for having sex immediately after initiation is to test if the new "Mercedes Benz" worked effectively. This is a socially constructed belief which circumcised men have; they have the perception that circumcision will make them more desirable to women and also enhance their sexual enjoyment.

Moreover, in a study which was conducted on women's belief about circumcision by Riess, Achieng and Bailey (2014:2), the women in the study stated that circumcised men are more hygienic and that the penis of a circumcised man has no, or less odor than an uncircumcised penis. Furthermore, the women in the study were of the perception that male circumcision allowed men to take longer to ejaculate which made sex more enjoyable for them. In a study conducted by Mtemeri *et al.*, (2013:45) among university students in Zimbabwe, the findings were different from the aforementioned study, as eighty percent of the study participants cited a reduction in sexual pleasure after undergoing male circumcision. The same study which was conducted by Achieng and Bailey (2014) also stated that women play an important part in influencing the uptake of circumcision as they are able to make decisions whether their sons are circumcised as well as the decisions for their sexual partners to also get circumcised. This points to the assumptions among women as well that a circumcised man will give them more pleasure, thus they push their partners to get circumcised. This interesting tangential point, is however, outside this study, which focuses on the males' perceptions.

### **3.4 The symbolism and cultural meaning embedded in male circumcision.**

*Circumcision has been practiced in Africa for many generations and will continuously be practiced after our own generation is no more. Circumcision is performed for many reasons across all walks of life. Some do it for cultural, religious reasons and some do it as means to identify with members of their ethnic*

*groupings. For whatever reasons it is performed for, it has meaning that is attached to it. I became circumcised because I wanted to identify with other amaXhosa men “ukusoka kuyinqxenywe yemvelaphi yami” (circumcision is part of my heritage) I respect the deep history of my people and the values that are embedded in what it means to be a ‘circumcised amaXhosa man’ the prestige if I may say it offers me among my ethnic group. Circumcision affords me the right to stand and speak out among fellow amaXhosa men, the right to approach a woman and most importantly to be a respected man.*

The above were the words of Vuyo\* a 22 year old and 3<sup>rd</sup> year Bachelor of education student who travelled from Edgewood campus to Howard College campus for the interview. Before the interview we went to get coffee and got to know each other. He told me that his father is a Zulu, however, he was raised by his mother who belongs to the Xhosa ethnic group. Hence he has never seen himself or identified with ‘amaZulu’. NgingumXhosa cha! Sinah yazi ngiyaziqhenya ngalokho (I am amaXhosa my sister and I am proud of that). I never knew my father so why would I even identify with an ethnic group which neglected me from birth (he says this referring to his father with sadness in his face). The teachings I got during my initiation made me the man I am today and I told myself that I will never be like my father. During initiation, we are taught valuable life lessons that will help shape us to be better men and fathers to our children. The lessons were taught to our forefathers and then passed to us. Gwata (2009:4) stated that circumcision is not only a ritual that marks a boy’s transition to manhood. It also affords him legitimate membership in the tribal community and also entails a change in status and the creation of a new identity.

Gwandure (2011:89) stated that in every country in the African region there is an ethnic group that practices circumcision for either cultural or religious reasons. Furthermore circumcision is linked with ethnic marks, virility, masculinity and agricultural abundance and as a rite of passage. Chamuka (2014:17) adds that tradition is the model of our past life ways that people use in the construction of their identities which include gender identities relating to masculinity and femininity. According to Gwandure (2011:90) “[T]raditional male circumcision is a social institution that lies at the center of African traditional beliefs and way of life”. Moreover Chumuka further states that, even though tradition is not static, cultural ideas and practices are continuously passed on to the subsequent generation which leads to the existence of cultural identities. Not all

countries<sup>20</sup> in Sub-Saharan Africa practice male circumcision hence the male circumcision becomes part of a set of social and symbolic markers for those groups. Therefore male circumcision as part of 'ethnic identity' deepens in countries where so called ethnicity is strongly bound with its political history (Dionne and Poulin, 2013:608).

### 3.5 Conclusion

This chapter revealed that the perception and understanding of what it means to be a 'real man' is influenced by different factors. This chapter's findings revealed that young men subscribe to a set of standards that have been constructed by society on what *being a man* is all about. The cultural communities that young men come from play a vital part in constructing their masculine identities. Inter-group norms and beliefs that are instilled in young boys growing up and becoming a man play a significant role in shaping the social reality of a man. The chapter also revealed that the socio-cultural significance attached to ritual circumcision is a motivator that drives young men to undergo the process, despite the dangers that have been associated to it. In contrast, men who have the belief that medical circumcision has fewer complications- do not opt for the traditional process. Other reasons which the participants of the study revealed as the reason they became circumcised in the medical setting included personal hygiene and prevention of sexually transmitted infections. The study also found that the symbolic meaning attached to circumcision sanctions certain kinds of social conformity among young men, since circumcision affords young men the privilege of being accepted and respected by members of their societies and communities. Circumcision paves way for a man to be approved legitimately by kinship members and thus, attain manhood status and other communal and social privileges which are afforded to circumcised men. The participants of the study concurred that circumcision cements a sense of belonging and identity among men, affording social capital, especially in traditional circumcising communities. They felt that they conformed to the set of standards that society has set for them so that they would not be excluded by their male counterparts.

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<sup>20</sup> Countries in Southern and Eastern Africa do not practice male circumcision (MC).



## CHAPTER FOUR:

### Male Circumcision as a Preventative Measure against HIV/AIDS Acquisition

#### 4.1 INTRODUCTION

Male circumcision<sup>21</sup> is one of the many preventative measures advocated for in combating the HIV/AIDS pandemic. It has been three decades after the initial diagnosis of HIV/AIDS. However, the devastating effects of the disease still endure more especially in developing countries. Sub-Saharan Africa is leading in the number of infected people in the world. It is estimated that 22.5 million people are living with HIV/AIDS in sub-Saharan Africa thus, representing 68% of the global HIV/AIDS burden (HEAIDS, 2012:7). South Africa is said to have a generalized HIV/AIDS epidemic which is driven mainly by sexual transmission. Moreover the effects of the epidemic have been seen in many institutions which include the workplace and communities in South Africa in that regard higher education and training are no different they are also impacted and affected by the HIV/AIDS pandemic male circumcision is currently being promoted in South Africa as a Human Immunodeficiency Virus (HIV/AIDS) prevention method.

In the promotion of male circumcision, one contends that the public message has to be clear, precise and explicitly adapted for different cultural settings. It is also argued that there has to be clear distinguishing difference between medical male circumcision benefits and traditional male circumcision whose protective benefits against HIV/AIDS are unknown. Thus, the information and education that is given should not be the same (see Sithole *et al.*, 2009:647).

Most university students<sup>22</sup> fall within the risk of group of getting infected with HIV/AIDS and the tragic part of the pandemic is that it is affecting young people of the age group of 15-25 (Kolawole 2010). It is important to note that South Africa is one of the few countries in Africa which has put

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<sup>21</sup> Male circumcision is currently being promoted in South Africa as a Human Immunodeficiency Virus (HIV) prevention method (Naidoo, 2012:1).

<sup>22</sup> 'University students constitute an important community in interventions against HIV and AIDS. The majority of university students are between ages 18 and 30 years' (Rajmakers & Pretorius, 2006 as cited in Mulwo, Tomaselli and Dalymple, 2009:311).



in place HIV/AIDS policies in the higher education institutions<sup>23</sup>. The University of KwaZulu-Natal has a support unit in each campus<sup>24</sup> which offers HIV/AIDS support for all students. According to HEAIDS (2008), about 625 students in the university (UKZN) community are living with HIV/AIDS. Therefore the latter highlights that the university environment makes young students vulnerable to HIV/AIDS as they involve themselves in high risk sexual behavior which is associated with having concurrent partners and the inconsistent usage of condoms and non-condom usage. Kolawole (2010:6) states that the high prevalence of HIV/AIDS in higher education and training compared to the general population, has devastating implications on the future manpower within the African continent. Therefore the scale up and promotion of male circumcision should thus be seen as vital in fighting against the HIV/AIDS pandemic. “Data from a range of observational epidemiological studies, conducted since the mid-1980s, showed that circumcised men have a lower prevalence of HIV than those who are uncircumcised” (Chanda *et al.*, 2014:27).

In each of the University of KwaZulu-Natal campuses there is a campus HIV/AIDS support unit (CHASU) which deals with a host of issues ranging from HIV/AIDS, gender, male circumcision etc. CHASU provides students with the platform to debate, be part of forums (women’s and men’s forum) and allows care and support for student living with HIV and AIDS. It also provides free counselling and testing for all students within the university community. This was initiated in efforts of scaling down the prevalence of the pandemic in all of the university of KwaZulu-Natal campuses.

This chapter probes the perceptions of local Black African male students’ regarding circumcision as a preventative measure against HIV/AIDS. It explores the perception of African male students regarding the benefits of male circumcision and also explores the risky behavior that makes male students vulnerable to HIV/AIDS.

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<sup>23</sup> “Except for South African universities, where almost all tertiary institutions have their policies in place, only few of the over 100 tertiary institutions in Nigeria appear to have developed their own policies from funding provided by ACU” (Kolawe, 2010:4).

## 4.2 Perceptions about the usage of condoms: “I am a circumcised man, HIV/AIDS is not for me...”

*It is nothing but a myth to me that circumcision can reduce the chances of people getting infected with HIV/AIDS. If that was true why are so many people dying each and every day from HIV/AIDS and why is the government not forcing all men in our country to get circumcised. I have heard that circumcision can reduce HIV/AIDS acquisition however I do not believe it. Two of my cousins died of HIV/AIDS and they were circumcised, so uyabona weSinah kuthi ayikho lento (so you see my sister, there is no such thing).*

Circumcision has been introduced as one of the many preventative measures aimed at reducing the spread of the HIV/AIDS pandemic. However, because of the deaths related to HIV/AIDS, many people, as the narratives revealed, find it hard to believe that circumcision can actually reduce the infection rate. Hence the view that circumcision reduces the chances of males from contracting HIV/AIDS is perceived as nothing but a myth by many young men.

Whilst talking to him (Sphiwe) I could see that I had touched a sensitive issue, and his eyes were filled with sadness.

*Aviwe\* explained to me that even though he was circumcised he always made sure that he used protection. “Sinah ingculaza iyabula angifuni kucamba manga and umfana osalala ngaphandle kwejazi lamkhwenyana ngimuvela buhlingu mine (HIV/AIDS is real Sinah I do not want to lie and I feel sorry for young boys who still have unprotected sex). To me the promotion of circumcision as one of the preventative measure to reduce HIV/AIDS acquisition is totally wrong and I am against it. I have seen some of my friends and family members who were circumcised getting involved in risky sexual behavior because they have the misconception that they are somehow “immune” to getting infected in a way.*

Such views held by Aviwe\* can be interpreted as weak by other young men- especially those who believe that a ‘real man’ is defined by the number of sexual partners they have. Thus, young men become sexually involved with different women also because they want to gain validation of manhood from their male counterparts. In the minds of most African men, the many African

students on campus included, being a 'real man' is depicted by not using a condom during sexual intercourse as they view condoms as a barrier towards real sexual satisfaction.

There are a number of factors which play a part in influencing condom usage in men. Shai *et al.*, (2012:2) asserted that "condom use is influenced by dynamics operating on multiple levels, that is, individual factors, the relationship dyad, family, peers and community/societal contexts within which individuals live". It was argued two decades ago (and little has changed) that the failure to reduce the HIV/AIDS rate in most African countries is due to men's resistance to change their behavior (see Schoeff, 1995 as cited in Sorrell & Raffaelli, 2005:586).

Aviwe\* stopped talking for a little while to "cool of" as the conversation we were having was becoming tense. He shared with me that he had seen many people, particularly in his family, pass away because of HIV/AIDS. He told me that he makes sure he is tested twice a year and he "never sleeps with a girl who he has not gone with to get tested and even if I know the girl's status I make sure I use protection".

Talking to the participant I became aware of the importance of being seen as 'real men', hence, it became apparent that they would do whatever it takes to be seen as a 'real men', even though exhibiting risky sexual behavior. They regard having multiple partners as being indoda emanadondeni (man among men), a man who has multiple partners is praised and respected by other men, and hence some men follow the trend of having concurrent partners so that they can get the same affirmation from their peers.

This was also noted by Nkambule *et al.*, (2008 as cited in Matlapeng, 2014:13) where they stated that some cultural norms promote men who have multiple partners by regarding them as heroes while condemning women who do the same; a man can have as many partners as he wants and is even respected for such by his peers as he is seen as a 'real man' however if a woman has many partners she is regarded as a 'bitch'. Betron *et al.*, (2012:10) asserted that attitudes and behaviors are the drivers of the HIV/AIDS epidemic which are fueled by dominant and prevailing norms of what it means to be a man. Sexual debut is perceived as a mode of transition from being a boy to being a man. The notion of masculinity in terms of having multiple partners was dominant among most young university men in the study.

Sphiwe\* stated *akekho umuntu angafuni ukubonwa njengendoda Sina, nangabe ungendzi njengamanye amadoda ubukelwa phansi futhi uwuthathwa ngendonda yangempela*, (there is no man who does not want to be seen as a man Sinah, so if you do not do things other men do, they all look down upon you hence, you are seen as less of a man).

Mdu\* on the other hand did not agree with Aviwe\*. He contends that a circumcised man has less chances of being infected with HIV/AIDS and as such for him he does not see why people continue using a condom. *I do not sleep around and I have only one girlfriend who happens to be on the pill so why would I then use a condom Sinah*. Mdu is a tall light skinned Zulu student studying for an honors in industrial psychology. He was very playful and likes to make jokes at the slightest opportunity. We met outside the library and made our way to sit at Shepstone Building (Howard college campus). I asked him if he had been tested for HIV/AIDS and he looked at me with shock in his eyes. He answered “*why would I go to get tested, I have only been with one girl and I know that she is not HIV/AIDS*” He explained to me that he knew that his girlfriend was faithful and she would never cheat on him with anyone. So he did not see the reason to use a condom. Madikize la (2011:9) stated that in relationships condoms are often associated with unfaithfulness, lack of trust and love, and diseases.

To him (Mdu\*) HIV/AIDS was a “problem” for others, not him. He stated that *I am a circumcised man, HIV/AIDS is not for me*. Studies have shown that men’s circumcision status influences their sexual behavior. Kabira, Nansubuga and Tumwesigye (2013:4) for example stated that circumcised men may behave sexually different from uncircumcised men as they tend to engage in risky sexual behavior which entails risky sex, concurrent partners and unprotected sexual intercourse.

The ‘culture’ of having multiple partners among young African men without fear of consequences is troubling and such behaviors can be regarded as constructed by societal norms. Baker and Richardo (2005:6) indicated that the prevailing norms regarding sexuality and manhood suggest that young men should be knowledgeable, aggressive and experienced regarding sexuality and reproductive health issues. Additionally, young men often have disproportionate power and voice in sexual intimate relationship with women. Similarly Naidu and Ngqila (2013:61), stated that, “subtly coerced performances within a context of ‘traditional’ masculinized practices, such as

unprotected sex constructed as needing to be pleasurable to the male partner, leave many African women vulnerable and compelled to confront a clutch of serious health concerns around sexually transmitted diseases, and of course HIV/AIDS”. From the latter it can be noted that society has created an imbalance of power relation between men and women, where man have so much power than women.

*As for me male circumcision is a preventative measure against HIV/AIDS, for me male circumcision is the same as condoms. Condoms are also used to reduce the chances of getting infected with HIV/AIDS. Even if a person is circumcised or not circumcised I strongly would encourage other guys to use condoms as condoms not only prevent HIV/AIDS they also prevent the chances of young girls to get pregnant and using emergency contraceptive (morning after pill) because when you do that it is the same is aborting a baby. One has to understand what you do today will affect you in the future.*

The above were the words of Sakhile\* a 25 year old international relation masters students working on the Westville campus. Sakhile\* is a smart looking and a well-dressed person. He offered me something to drink and I could see that he was eager to start with the interview. He told me that he had done a similar study for his honors degree so the issues and debates surrounding male circumcision both traditional and medical are of interest to him. Sakhile\* was shocked with what the other young men were saying over the issue of HIV/AIDS and circumcision and he could not believe what he heard from “these young future leaders”. He said ‘ignorance is bliss’ Sina, when I asked what he meant; he said the following.

*We live in a society where there is a male and a female hence we are raised differently. What is deemed to be correct in our society, we all go along with it and do not even question it even if we know we are against it or do not believe in the same idea. Society has taught us as men that indoda ayikhali akhalela ngaphakathi (a man does not cry however he suppresses the pain from inside), so from a young age you learn all of this and you inherit it that it start becoming your own truth so to say and you do this without you questioning any of it. Thus even when a man finds out about his HIV/AIDS status he never tells anyone because society has*

*taught him that masculinity is all about displaying bravery and being able to face challenges face on.*

There are socially constructed gender roles<sup>25</sup> and commonly held views such as a woman's job is in the kitchen whereas a man's role is in providing for the family. Constructed gender roles distinguish men from women and women from men. Men and women have been 'cultured' into different roles which are deemed appropriate in terms of their gender (Hall, 2015:8). Nevertheless, according to the United Nations Educational Scientific and Cultural organization (2006:1) (UNESCO), unlike women, men have to earn their manhood status and have to prove that they are men, hence if he fails he is seen lesser as a man with no status in society. Men are in constant pressure to appear strong and learn that it is not accepted for a man to cry.

*I (Sakhile\*) heard some couple of guys say that there will never divulge their HIV/AIDS status to anyone including their girlfriends, one of the guys confidently said 'we live together and we die together hence a woman has to know her place and she does not have to know everything about indoda (a man). So I came in to join in their conversation they explained to me that they were all circumcised however the thought of getting tested for HIV/AIDS is as of a painful thought which one of them stated 'kufana nobuhlungu bokusoka' (it is like the pain of getting circumcised). So many people get circumcised either because of pressure from families or peers however in most cases there is a push factor. In most cases people associate HIV/AIDS with dying which is why they never go get tested. Young people really need to be informative about things that affect them, knowledge is power thus if us a young people have knowledge and are willing to imply it we can go a long way. The misconceptions and myths surrounding HIV/AIDS and circumcision would be avoided only if we are not as ignorant as we are.*

The abovementioned gives a picture of the unequal social balance in our society and the power that men hold over women. African culture has given men the green card to treat women anyhow, manhood is celebrated more than womanhood. These standards and norms of masculine behavior are seldom culturally informed and culturally bound as these

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<sup>25</sup> Espen (2006:2) stated that the gender norms in most cultures expect men to be physically strong and sexually successful, be risk takers and decision makers to provide financially for their wives and children.

expected norms lead to pressure to conform (Lindegger and Maxwell 2007 as cited in Morrell, Jewkes and Lindegger, 2012:14).

### **4.3 The symbolic meaning of Branded condoms, “self- image is still important...”**

*When I have to use the government provided condoms I have to switch off the lights, because I do not want the woman I will be sleeping with to see that I am using something without a label. Sphiwe\**

*You should know one thing Sinah guys do not like using condoms at all. Most of the time we as guys get involved in risky sexual behavior when we get drunk and at parties. I guarantee you any mn who would say they use a condom when they drunk they will be lying to you. What is important to us as guys is having ‘iskuni’<sup>26</sup> with a girl and going to our friends to brag about it. Men are mostly scared of getting a girl pregnant than of getting infected with HIV/AIDS and other sexually transmitted infections. Expensive condoms are normally bought when a guy wants to impress a girl of high class or “glamour girls”. Guys can use the choice condom when during sexual intercourse with their ‘main girlfriend’ or straight girlfriend. Sizwe\**

*Government provided<sup>27</sup> condoms are for men with no class. I am a man of class and status, I only use expensive taste if I do not have branded condoms in my room I will rather ‘hit it raw’ (have sex without using a condom’. Scelo\**

These are the words of 24 year old third year Political Science students from Howard College campus (UKZN), who explained the importance of wearing clothes with brands and expensive labels. He stated that from a very young age he liked dressing to impress and even in his community fashion and latest trends are a sort of a norm more especially among guys. *You have to dress a certain way in my community in order to fit in with other guys and this ‘culture’ of wearing only clothes with brands is practiced even in the university.* Even the way Scelo was

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<sup>26</sup> Iskuni is a popular vernacular which is mostly used among men, referring to having sex without the use of a condom. Other vernaculars which are used by men include *hitting it raw*, *skin to skin* and many more.

<sup>27</sup> The government provided condoms which the researcher is referring to, is ‘Choice’ which is a freely available non-brand condom.

dressed one could see his taste for expensive clothing. Scelo\* stated that he likes fashion especially clothes with labels and expensive brands<sup>28</sup>, which was quite evident by the gadgets he was carrying such as an iPhone 6; Samsung tablet and the clothes he was wearing. He (Scelo\*) equated government provided condoms as clothes from stores like PEP, JET and arguably stated that *clothes from these kind of shops do not offer a guy any respect or even praise from other guys and the worse thing girls do not like a guy with no sense of style*. He further stated that he only uses condoms such as durex which he knows some guys cannot even afford.

The use of condoms among male students is shaped by their own perceived social construction of image and perceived reality of maintaining “status”. Even though these men have the knowledge on the importance of condom usage in protecting against sexually transmitted infections, they want to maintain some degree of status with women and prove to their male counterparts that they have expensive taste. They choose not to use government provided condoms such as *Choice* government brand as they are of the perception that government condoms may deter their self-image. Moreover there is a symbolic meaning which can be associated with wearing expensive condoms, as with clothing! Brands and labels are perceived to be for people who have class. Thus to be identified as a man of class even the type of condom that you use during sexual intercourse has to be of a particular labeled expensive brand. The South African government’s free ‘Choice’ brand condoms is perceived and constructed as ‘too cheap!’

Such views play a huge role among men, especially African male students in enacting their hegemonic masculinities and attaining respect (sic) from women. Using condoms with brands has a certain kind of influence on how young men shape their identities. The symbolic meaning attached to the choice of condoms young men use and buy play a role in them using or not using a condom during sexual intercourse. They reject the ‘free government condoms’ because of the fear that the women they sleep with will reject them as they would think they (the men) are cheap and have no class.

*If she asks for a condom it means she does not trust me.* This is a common line which is used by men to get women to sleep with them without using a condom. During the interviews it was a shared opinion among the participants. Since women have less power in negotiating condom usage

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<sup>28</sup> It was pointed out by Ndlangamandla (2006:6) that young people adore local or global brands, such as Aca Joe, Hip Hop, Billabong, Loxion Kulcha, Nike, Guess, Levi’s and others



with the fear of rejection, men use this as a way to manipulate them. Most university students are involved in 'serial monogamous' relationships in which trust and love begin and end quickly (see Picca and Joos, 2009:3). One of the participants stated the following

*I have had the drop and gonorrhea many times that I cannot even count, and trust me I will rather have all sort of this sexually transmitted infections than to have impregnated all the women I have slept with in clubs and around campus. Pregnancy is for life so I will rather take my chances with STI's than to have a baby with these bitches around campus. Scelo\**

It has been argued that the reason why HIV/AIDS still continues to pose major challenges among young men and women is because of masculine construct which include men's refusal to use condoms and having multiple and concurrent partners (Fiaveh, 2012:43). It was evident that Scelo\* knew about the risk of not using protection during intercourse. However, he seemed to not keen to put the knowledge he had into good practice. Such behavior and attitudes was noted among other participants of the study. Their only fear was getting a woman pregnant and they seemed not to mind if they contracted sexually transmitted infections. Since most of them were circumcised, it seemed as if they had constructed their safety from HIV/AIDS and other sexually transmitted infections to circumcision. This complex nature of sexuality among young people means that they conduct their sexual lives through beliefs and experiences that have been generated through particular societal membership and communities (Macphail and Campbell, 2001:4).

*Government provided condoms have a really bad smell I just cannot stand them. I only use choice condoms as my backup plan and on two separate accusations when I was using the choice condom it busted so to tell you the truth I do not trust them. There is a certain way guys look at you when they see choice condoms in your room, even if they would not say bad stuff to you they do make fun of you when you not around. Since the choice condom is regarded as an 'emergency plan' or 'plan B' when guys do not have condoms such as Durex, they tend to not put on the condom when the girl is not looking or in the dark, however the 'bad smell' just give it away. Nathi\**

These perceptions and way of thinking may explain the inconsistency among male students in not using condoms. Government provided condoms have been associated with having low or no 'class'

(status) at all, whereas branded and labeled condoms have been socially constructed as being of high class and of expensive taste<sup>29</sup>. Similarly a study conducted by Mulwo, Tomaselli and Dalymple (2009:17) in a South African university yielded results which show that the easily available public sector (government provided condoms) were perceived as ineffective, smelly and even infection producing. The symbolic meaning which is linked to branded condoms influences the choice of condoms men buy and use.

It was noted in Tsvere and Pedzisai (2014) that some members of society felt that male circumcision encourages men to cheat more without using condoms as they think that they are 'HIV/AIDS secure', thus increasing STI's and HIV/AIDS (Tsvere and Pedzisai, 2014:238). Nevertheless in a study which was conducted by Naidoo (2012) among UKZN pharmacy students, the result of the study indicated that 'over 92% of the respondents knew that male circumcision is not as effective as condom use alone at preventing HIV/AIDS transmission and that one must still wear a condom during sexual intercourse, even if one were circumcised'. In another study (Ewing *et al.* 2011 cited in Mathews, 2012:34), it was discovered that out of 240 boys who were part of the study only 168 of the participants attested to using condoms before they were traditionally circumcised, yet, only 72 of the 168 continued to use condoms after going through initiation. The latter illustrates the urgency to promote awareness campaigns and appropriate pre and post educational message after they get circumcised. Mathews (2012:34) postulated that the probable influence of the drop in condom use could be attributed to the fact that traditionally circumcised men equate the benefits of traditional circumcision to those of being medically circumcised.

Traditional male Circumcision has been around for many years hence, if young circumcised men equate the benefits of the age old practice to medical male circumcision they are in a way replacing the cultural and traditional values which are embedded in the ritual with 'medical values'. More critically, if *both* traditional and medical circumcision are embedded with false values that the males become completely safe to HIV/AIDS and STIs, MMC as a preventative tool becomes ineffective.

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<sup>29</sup> Similarly a study which was conducted by Mulwo, Tomaselli and Dalymple (2009:17) in a South African university yielded results that the easily available public sector (government provided condoms) were perceived as ineffective, smelly and even infection producing.

#### 4.4 Siyayinqoba: HIV/AIDS and the construction of African men

There are about 30 percent of men who are circumcised globally and most of them are circumcised for religious and cultural reasons (WHO 2009). However there is growing evidence which suggest that men are reluctant to seek medical attention if needed because they do not want to show any weaknesses and also fear losing their identity. The clinic is seen as a space for women (see Doyal, Anderson and Paparini, 2009:1903). Hunter (2005:391) suggested that during the 19<sup>th</sup> century multiple partners were not men's sole prerogative and that unmarried women could also enjoy sexual relation with more than one boyfriend in KwaZulu-Natal. However, the difference began during the 1940s and 1950s where the law only allowed men to have multiple partners. Norms which are related to masculinity and sexuality which advocate male "sexual needs as uncontrollable", being able to have multiple partners as "validation" of sexual powers and having dominance over women physically and sexually are some of the reasons which place young men and young women at high risk of HIV/AIDS (see Baker and Ricardo, 2005:7). Therefore the unequal balance of social power suggests that responsibility rests on the shoulders of young men in curbing the epidemic.

*Prior to getting circumcised, the nurse at the clinic asked me if I had been tested before so I told her I did, she then said that I will need to be tested before I got circumcised. For me I think it is different when you decide to get circumcised medically the benefits that presented to you are that it will decrease the chances of HIV/AIDS and it is good for hygiene, however when you are decide to get circumcised traditionally we all know that it is because cultural benefits of transitioning from boyhood to manhood. I do not think guys who go for traditional male circumcision go for the same reason as a person who decides to go for the medical routine. No offense to people and their cultures but a person can go to the mountain and come back the same. The mountain can and will never change a person, some can go there for a week, month or even a year but come back the same. I do not understand why sometimes we should follow culture even if it does not make logic. I have friends who have gone to the mountain and I think I am more of a man than they will ever be. Just because society has taught us and let us to believe that if you do not go the traditional way you will not be considered a*

*man. To be honest I have never had of a person who undergoes traditional male circumcision saying they were first tested, maybe they are just that I do not know.*

*[Lucky]*

Even though Lucky\* became circumcised within a medical setting, he is from a traditional circumcising community. I asked him if his legitimacy as a Xhosa young man is not compromised by the fact that he, did not “*go the socially cultural way as demanded*” by his culture. He said he respected some aspects of his culture such as Ubuntu (humility) and respecting elders. *However, we are taught “go to the mountain, come back and you are a man” (he laughs), it is like manhood is handed over and can be learnt. Manhood is about taking charge and not conforming to any standards which are placed by society. I have been told that I am not an ‘authentic’ Xhosa boy, eish we Sinah kuthiwa ngiyifong khong (they say I am a fake).* Lucky\* reported that for a man to attain a sense of identity they had to undergo circumcision (going to the mountain or bush). *Through circumcision you get to be accepted and you are affirmed as being part of the group<sup>30</sup>, you are guaranteed legitimate kinship membership hence you are not seen as the “other”.* Gwata (2009:10) argues that the ritual is performed collectively hence the permanent body alteration represents a sense of communion among initiates. This allows the initiates to identify with each other after going through the same process of achieving the manhood status.

Lucky \* opined that HIV/AIDS testing was promoted and undertaken as circumcision is, many lives would be saved. It is revealing that men go through the extreme<sup>31</sup> process of initiation than getting tested for HIV/AIDS. It is considered un-masculine for a man to use a condom, therefore masculinity is achieved through toughness, sexuality, aggressiveness and stoicism (Gilmore, 1990 cited in Brown, Sorrell and Raffaelli, 2005:586). The roles and behaviors which are attributed to masculinity are encouraged in our society as men have to perform them to portray themselves as real man.

*Ngingakutjela about ingculaza kuse sis wam, ayikho into engingayazi ngayo,  
ngikhule ngifunda ngayo namanje ngisafunda ngayo ngazi konke nje ngayo.  
Ukukho umuntu ongathi angazi lutho, ngaleso sizathu angidingi kufundiswa*

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<sup>30</sup> This means the group of men who are regarded as ‘real man’ within a community.

<sup>31</sup> “The need by young boys to be accepted and to obtain the rights associated with being circumcised has led young boys to be victims of botched circumcision” (Dingindlela, 2014:22).

*nokutjelwa kubaluleka kokuya kuyohlolwa (I can tell you about HIV/AIDS until morning my sister there is nothing I do not know about it, I grew up being educated about it even now I still read about it I know everything about it. There is nothing I do not know and for that reason I do not see the reason why I should be educated about it again. I know the importance of getting and knowing your HIV/AIDS status). [Vuyo\*].*

When I asked Vuyo\* to elaborate what he was saying he told me that, he does not see the reason to be educated again about HIV/AIDS at the time he became circumcised (Vuyo\* became circumcised traditionally).

*Traditional male circumcision has meaning and substance, it gives an individual a sense of belonging and identification in a way. I believe that we should honor our cultures, if culture stipulates that for a boy to be addressed as a man they should go through initiation so be it. My affiliation to the amaXhosa ethnic groups grants me membership to the group however the membership has to be fortified and this can only be possible through becoming a real man and not being seen as a boy.*

This reveals how young men strive to belong and to be accepted in a social group and ‘purchase’ social capital and currency. It is not enough for a young man to regard himself as a part of the group through his designated ‘ethnicity’. There are symbolic rituals which have been constructed in societies which grant an individual legitimate membership and acceptance. For example, in traditional circumcising communities, for a man to attain manhood status, ‘culture’ prescribes that one can only attain that by going through the rite of passage of circumcision. This is because identifying with members of a social group enables an individual to socially locate themselves within the social grouping through doing what is expected (i.e. ritual circumcision). Hence “individuals identify with social categories partly to enhance their self- esteem” (see Hogg and Turner, 1985 as cited in Ashforth and Meal, 1989:21). The study findings revealed that social identification which is achieved through circumcision enables young men to affiliate, become empowered. It gives them a sense of meaning and a sense of belonging in their communities and social groups.

*The seclusion period, pain, cold and dehydration is not easy to endure however, we go through it because culture demands of it. Furthermore Vuyo\* commented*

*sizoyinqoba ingculaza ( we are going to defeat the HIV/AIDS epidemic) it is up to us as young people to impart information and educate members of the community about HIV/AIDS and the importance of taking responsibility for not only yourself but for your partner as well. Newly initiates have to know that just because they are now circumcised it does not mean they should have concurrent girlfriends<sup>32</sup> to show that they are man. HIV/AIDS kills and circumcision does not make them invulnerable. Vuyo\**

## **4.5 Conclusion**

This study found that male students are aware that male circumcision decreases the chances of HIV/AIDS acquisition. Some male students who have been circumcised constructed their safety through circumcision. As such, this chapter showed that male students with concurrent partners and indulging in sexual relations without the condom usage or inconsistent condom usage, are perpetuating and continuing risky sexual behaviour.

Additionally the social sanction which allows men privileges such as having multiple partners without any consequences contributes to the spread of the HIV/AIDS pandemic. This chapter related how risk compensation (constructed this way) among African male students is a serious problem. Male circumcision only decreases the chances of HIV/AIDS acquisition; hence other preventative measures should not be discarded. Condom usage still and will remain an important HIV/AIDS prevention strategy thus circumcised or not a condom should be used.

This chapter also revealed the negative attitudes that male students have about government provided condoms. The chapter found that male students would rather have sexual relations (*without a condom*) than have to use government provided condoms. They believe government (free) condoms are for men who are cheap and who have no 'class'. This chapter found that male students prefer expensive branded condoms since they portray them as being 'manly' and having expensive taste. This is done to seduce women thus the idea retards the efficacy of MMC.

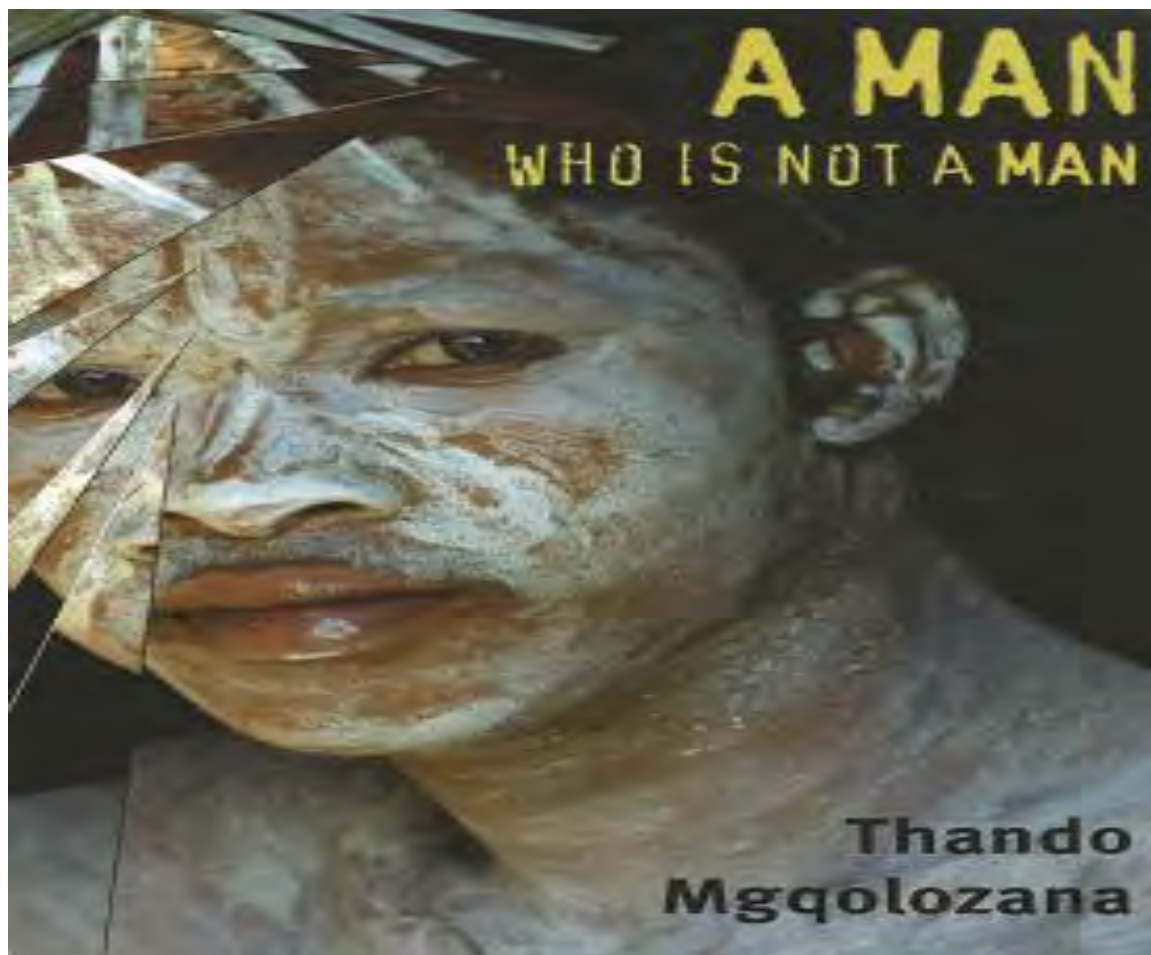
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<sup>32</sup> Peters (2011:263), stated that male circumcision on its own does not directly protect women against HIV.

One of the participants [Sakhile] stated that even though condoms are distributed in and around campus and residences, the culture of using expensive labels and brands is a problem with students especially amongst African males. A guy will rather have unprotected sex than use the *choice condom*<sup>33</sup> as they are seen as less appealing and since they are free rather than being sold expensive they offered them no status, for students (male) *if it is not expensive and paid for it is not good enough*. The Minister of health stated that Choice condoms will be distributed in flavors now such as banana, chocolate, vanilla and strawberry. This initiative according to the minister of health will help in promoting the use of condoms and encourage safer sex practice therefore, the condoms will be mainly distributed in tertiary institutions and clinics all over South Africa (Genever, 2015).

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<sup>33</sup> Choice condoms are most likely to be found in bathrooms on campus and at residences. Choice condoms are distributed around the university, and students have access to them at any times, and they can get them at the clinic and the campus HIV/AIDS support unit. They are free and accessible to all students within all five UKZN campuses.





## **CHAPTER FIVE:**

### **Stigmatization of medically circumcised and non-circumcised by students from traditional circumcising communities**

#### **5.1 INTRODUCTION**

The ritual of male circumcision carries much meaning, especially for societies that carry out the practice as a rite of transition and transformation of young boys into manhood. Circumcision is used as a social mechanism which cultivates and constructs legitimate membership of boys (initiates) into their communities and societies. Moreover, boys who have come of age and have not been circumcised face many difficulties within their communities. In many rural contexts, it is only after a boy is circumcised that he is allowed to get married, own property and given the chance to speak in public gatherings (see Meintjes as cited in Mogontlane, Ntlangulela and Ogunbanjo, 2004:58). Mavundla *et al.*, (2010:932) state that a man has to be initiated to be allowed to marry; to be able to inherit property and for them to be allowed to participate in cultural activities such as offering sacrifices to ancestors and engage in community discussions, furthermore, the power that is bestowed to circumcised men is linked to greater rights and responsibilities which gives them higher societal standing.

On the other hand, uninitiated or uncircumcised men are looked down on by both men and women and they are treated with contempt (Meissner and Buso, 2007:372). The power that is accorded to circumcised men tends to boost their confidence in feeling “powerful” and as thus expressing such “power” or dominance over women. In societies that practice circumcision, the idea of a male gaining the status of being ‘a man’ is an integration into a hegemonic traditional masculinity. Without such integration, an uncircumcised man is perceived as inferior and not seen as a “real man”. The concept of hegemonic masculinity is understood as the pattern of practice (i.e., things done, not just a set of role expectations or an identity) that allowed men’s dominance over women to continue (see Conner & Messerschmidt, 2005:832). As such, a man who has not been circumcised is regarded as lacking important masculine traits, regarded as weak and less of a man.

Goffman (1963:2) stated that stigma diminishes a person “from a whole and usual person to a tainted discounted one”. Goffman adds that “society establishes the means of categorising persons and the complement of attributes felt to be ordinary and natural to members of each of these categories” (1963:2). Scambler (1998:1054) adds to Goffman’s arguments about stigma by stating that stigma refers to any attribute, trait or disorder that marks an individual as being unacceptably different from ‘normal’ people with whom he or she routinely interacts, and that elicits some form of community sanction. Both Goffman and Scambler’s arguments suggest that stigma is inherently born out of society’s own standard notion of what is right and wrong, accepted and unaccepted. Individuals have to live up to the expectations of society. Hence, if one chooses something that is different to the standards of society, such as not wanting to be circumcised or choosing a different method of circumcision, such a man is ostracized from society and labelled as an ‘outsider’. Thus, men become liable to losing their sense of belonging as they get stripped of their group membership. On the other hand, Abbey *et al.*, (2001:2) states that discrimination can be in different forms which can either be on a personal level or else be enacted through societal and structural inequalities. In addition discrimination can occur when behaviours of stigmatization are acted on which include exclusion, rejection and devaluation.

This chapter probes the stigma and discrimination that is encountered by uncircumcised and medically circumcised men who come from traditional circumcising communities. The chapter also probes the perceptions of male students about the cultural (encoded) power and construction of masculinity; it will also probe the cultural construction of the penis and explore the reconstruction of the ‘real man’ identity. For the purpose of this chapter, the researcher conducted a focus group discussion with six male students from the campus HIV/AIDS support unit and thereafter conducted follow up interview sessions with four of the participants who were part of the initial focus group discussion.

## **5.2 Power, construction of masculinity and culture**

“Each society has its own particular culture which is used to celebrate the coming of age which is usually marked by some form of initiation, circumcision is one of these examples” (see Nkosi, 2013:121). It is important to note that culture plays a vital role in Africa and across other countries.

According to (Hull and Budiharsana, 2001 cited in Nkosi, 2013:121), within African societies circumcision is a rite of passage which leads to socially recognised manhood.

When I met with participants we first discussed how they frame their manliness, who has the right to be called a ‘man’ and the power and influence of the society in constructing a homogenous way of man attaining the status of ubundoda (manhood). One of the participants (participant 1) stated that it varies with culture as with the Xhosa; the status of manhood is given to only men who undergo traditional male circumcision, unlike Zulu<sup>34</sup> who do not go to the mountain to prove their masculinity. All the participants in the focus group nodded their heads in agreement over participant 1’s views. Their general view was that the social construction of masculinity for Zulu men is different from those of the Xhosa and the two should not be contrasted<sup>35</sup>.

Participants <sup>236</sup>, *umziba ngowami, ngizowendza noma yini engeyifunayo akekho umuntu unelungelo lokuthi angitjele kuthi ngendzeni ngawo bona bafuna kuthi ngisonke khona ngizobonakala njenge ndonda, ngakithi, bakubuka njengomontu onganamsebenzi, yazi nje uvele udeleleke kakhulu. Amantombazane angakithi awungifuni ngoba angisokanga ngokwesiko. (it is my body and I have the right to do what I want with it, they wanted me to get circumcised the traditional way however I did not want to do that and now I am seen as not being a “man” in my community, every time when I am home I can see the way they look at me. I am seen as a useless person and I am not respected even the girls they do not regard me as a man as I am seen as weak person who does not respect tradition. I sometimes feel like I am a cast-off when I go back home (he looks down).*

The latter was also noted in a study which was conducted by Mavundla’s *et al.*, (2010:934) where participants reported that majority of community members rejected men who were uninitiated, the

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<sup>34</sup> Vincent (2008:79) stated that the Tswanes, the Sotho, and the Shangaan are some of the many ethnic groups which ritually circumcise boys including the Zulu who however abandoned the practice. Nonetheless it is important to point out even within the Xhosa’s not all the Xhosa groups practice traditional male circumcision for example the Bhaca, Mphondo, Xesibe or Ntlangwini.

<sup>35</sup> Gwata (2009:11) noted that since there are differences that exist between Chinese and South African constructions of masculinity, we can also identify certain differences between Zulu and Xhosa masculinities. This however, was outside the immediate purview of my study.

lack of social acceptance was linked to an uncircumcised man. Mavundla's findings point out to the social categorization that exist in communities that practice circumcision culturally, men who have undergone circumcision and men who are not circumcised are classed accordingly in circumcising communities. The circumcised men are given more power and privileges in the community as the ones who have not been circumcised succumb to social rejection and isolation.

Men who come from communities or families where ritual circumcision is held in high esteem are put under pressure to undergo traditional circumcision. The need to belong and to be accepted is socially instilled to young men from a very tender age.

*We strive to want to become like other people within our surrounding because if you do not subscribe to the standards of the society you become the 'other' meaning you are separated and given sort of a new kind of identity as you are perceived as not relating or being part of the society. Participant 2*

Jacobs (2013:6) substantiates the latter by stating that circumcision separates an individual (man) from one group 'uncircumcised' and incorporates a man into another defined group 'the circumcised'. Most uncircumcised men are alienated from the circumcised men as they are seen as different.

Circumcision integrates a boy into society and if one does not undergo it they are rejected by society. Anthropologist Silverman (2004:420) substantiates that in almost all cultures that practice some form of circumcision, those who are uncircumcised are looked at with disgust. In the same vein, (Meintjes 1998 as cited in Gwata 2009:12), asserted that there is stigma attached to being uncircumcised among the Xhosa. As young boys who have not been circumcised are excluded from social groups at schools by those who have been to the mountain and the uncircumcised are expected to treat the circumcised 'men' with respect regardless of their age.

*Participant 4: getting circumcised is the greatest privilege to a young boy's life. It is through circumcision that amaXhosa man gets to share full privileges of what it means to be a real man and share in the duties and responsibility that other men relish on in the community. The doctrines and teachings that a boy gets through initiation are crucial to a man integrating into society. The teachings that I got when I went to the mountain have played a very important role in my life, through*

*them I got to become a better man and I reflect on them when I face challenges as a man. When I become a father one day my male kids will know that when they reach a certain age they will have to go to the mountain as well to become indoda emadodeni (real man). I did what my father wanted me to do (which is getting circumcised) because he knew it was going to be good for me and it was. The belittlement that boys who have come of age<sup>37</sup> however choose to either not get circumcised or get circumcised medically endure, they are mistreated so badly and called all sort of names.*

The social pressure to conform to the standards of the society is one of the push factors or what motivates most men to go to the bush or the mountain according to a participant in the FG<sup>38</sup>. The pressure is not only from the society or community. However it was evident from arguments that were brought forward by the participant that even within their families it is the done deal for all his male counterparts (peers). Some of the men are coerced and eventually do succumb to the pressure as they never want to be seen as weak and unmanly. One of the participant made a remark by ‘saying *circumcision has become a trend, everyone does it so no one wants to be left out... you do it because your father did it, your brother and even your friends*’.

The need to be part of social networks and have strong ties with other men fosters conformity in young men to undergo the circumcision; this is largely driven by their fear of being cast of as outsiders within their social grouping or kinship group. Everyone has the need to belong, to be part of a particular of something like social group or any other grouping hence belonging to a group allows young men to feel like they are part of something which matters, through groups they are able to enact their masculine identity freely while being accepted into society at the same time.

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<sup>37</sup> Between the ages of 15 to 25 it is customary that the ritual of circumcision be performed, hence every boys has to be circumcised when they reach that age (Gwata, 2009; Vincent, 2008). On the other hand the World health Organisation (2009) noted that the age of circumcision is from 6 to 53 depending on the ethnic group.

<sup>38</sup> Abbreviation of focus group.

Masumbuko *et al.*, (2013:3) stated that traditional<sup>39</sup> male circumcision is usually performed as way of maintaining cultural identity and perpetuating traditions.

It is not only the uncircumcised that suffer humiliation at the hands of ‘men’ who went to the mountain. Peltzer and Kanta (2009:87) state that hospital circumcision (medical male circumcision) is not customarily acknowledged. Men who have been medically circumcised are also not recognized as ‘real men’ thus, they are also disrespected at the same level as men who have not circumcised. Scholars remind us that circumcision has a long history, and the cultural relevancy can never be removed from society that practice it because of the layers of meaning that are attached to it as (see Laidler 1922 as cited in Ntombana, 2011:637).

### **5.3 Okabani lomziba: The cultural construction of the penis**

The cutting of the foreskin plays a significant part in the socialisation of a boy in becoming a ‘man’. Socialization according to Elkin & Handel (1989 as cited in Gwata, 2009:6) is the process by which a person learns the ways of a given society or social group so that he or she can function within it. The ‘body is thus socialised’ and semiotically signifies a great deal from a cultural perspective. Gwata (2009:9-10) states that aside from being a biological reality, the body is also a social construct and is often used to convey cultural and religious values. The permanent body alteration (the cultural cutting of the foreskin) represents a sense of communion since the ritual is performed collectively. Similarly, Peltzer (2007:662) asserts that from a cultural viewpoint, the body functions as a fundamental metaphor with an important surface which marks social status, family position, tribal affiliation, age, gender and religious condition which could be displayed or hidden. The majority of the participants agreed that there is much meaning to cutting away of the foreskin.

Participant 5: *the cutting of the foreskin translate to many things for instance; it is the circumcising of the mind through the teachings that you get in the mountain, it is about cultural solidarity and forming lifelong connections with other initiates as you identity with one other through the process*

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<sup>39</sup> “During circumcision ceremonies, educational sessions are carried out to pass important knowledge to the youth, and therefore passage of ethnic traditions to each successful generation” (Masumbuko *et al.*, 2013:3).

*of circumcision. Ubundoda buyasetjezwela abutholwa malula* (one has to work hard to obtain and to be recognized as a man, it is not easily attained), that is why it becomes difficult for an uncircumcised man to be accepted since he has not gone through all the ‘processes’ and ‘stages’ which certifies a boy to be called a man and to be given certain responsibilities within society. It was Anthropologist Van Gennep (1960 as cited in Turner 1969: 359) who reminded us that all rites of passage or transition are marked by three stages, which are as follows: first stage which is the separation stage, the second stage which is the margin (limen) and lastly the aggregation stage. Similarly (Funani, 1990 as cited in Gwata 2009:6) noted the same stages namely: the separation, transition and incorporation.

Participant 4: *the cutting of the foreskin can be equated to a ‘Christian repenting or going under water for baptism’ as it symbolises one losing his old self and pledging that his/herself is has been removed (the sinful nature) thus when the foreskin of the initiate is cut it symbolises the removal of the old self (boyhood) to the new identity (manhood).*

Participant 2: *the indoctrination during the initiation process is the most important component of the circumcision, even though the cutting of the foreskin is important, however it cannot be equated to the teachings, instructions that are imparted to initiates are of so much value and importance.*

The cutting of the foreskin of the penis is used as a social instrument of control as it lays the foundation of separation; exclusion and discrimination of those who have not gone through circumcision are seen as different hence they are treated with total disrespect. The community elders and leaders of the societies where ritual circumcision is practiced also validate the victimisation of the uncircumcised and medically circumcised as a device which can inevitably pressure them to get circumcised. In the same vein, Baker and Ricardo (2005:24) argue that the violence that young men inflict on women or against other men is socially sanctioned or is used as an object of social control.

Participant 5: *A friend of mine who comes from a family that practices traditional male circumcision opted for medical male circumcision. When he went back home he was asked when he would be going to the mountain (to get circumcised) to their disappointment he told them he had already gotten circumcised in the hospital. He*

*was rejected by his family, peers and people within his community because he did not follow the traditional prescribes okuya entabeni (of going to the mountain). Hence, because of the pressure and rejection he went to the mountain even though he was already circumcised (his foreskin was removed). Nonetheless the traditional surgeon had to look for a tiny piece of skin to cut so as to appease his family, community and for him to be seen as man further to that to avoid rejection and stigmatization of being seen as weak and unmanly.*

In their study Layer *et al.*, (2013:4) found that men face social pressure to undergo circumcision is due to lack of knowledge. The study revealed that communities detest men who know about the benefits of male circumcision but however decide not to engage in the practice. This study points to the double stigmatization that men who are uncircumcised<sup>40</sup> encounter, whether they are coming from traditional circumcising or medically circumcising community they face so much pressure to conform to what society necessitates. Where circumcision is a societal norm and a man within that particular society chooses not to conform to the societal norm, he is treated differently. Gruber (2014:24) states that the social pressure that exists in circumcising communities forms a strong division between circumcised and the uncircumcised. Moreover it was also noted in a study conducted by Laura *et al.*, (2014:3) which found male circumcision as an influential practice for establishing masculinity hence, and that they became circumcised to be ‘real’ or ‘complete’ men.

## **5.4 Reconstructing the ‘real man’**

The social construction of what a ‘real man’<sup>41</sup> is and what it means to be a man in society are notions which have made many women vulnerable at the hands of men. Coetzee (2001:300-301) noted that women have been oppressed for generations and have been kept from liberating themselves by structures of domination (perpetrated through ideas of ‘real’ man’ and real man’s needs) which were designed to maintain false belief systems in society. In some African societies

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<sup>40</sup> “An uncircumcised man is perceived as being ‘not yet a fully functioning member of human society’ and therefore has limited rights (Gruber, 2014). Furthermore Mavundla (2010:391) on the other hand states that uninitiated men are rejected by their community, their own family and even by women.

<sup>41</sup> According to Katz and Earp (1999:8) the myth of “the “real man” is linked intimately with the phenomenon of the “tough guise,” wherein boys and men learn to show the world only those parts of themselves that the dominant culture has defined as manly”.



the idealised image of a 'real man' entails of the following characteristics: dominant; masculine; assertive, strong, fearless; powerful and in control. Therefore the fear of being rejected and cast out by society from a very tender age many young African boys yearn for constant social validation of being regarded as 'real men'. The manhood status is socialised in boys as a revered and a socially desired status that they have to attain for their societal legitimization.

The need for young men to be seen *njenge ndonda yangempela* as a 'real man' has made the circumcision rite an inevitable part of Xhosa young men. Gruber (2014:20) informs us that traditional circumcision is part of the life of young Xhosa men since a boy can only be acknowledged as a 'real man' if they have gone through the rite of passage (which is becoming circumcised). This on its own perpetuates issues of stigma and discrimination in society which are exerted on men who do not conform<sup>42</sup> to the standardised heterosexual masculine traits which a 'real man' has to exhibit. Thus, in communities that engage in the circumcision practice, a man is only labelled a '*real man*' when they decide to go through cultural circumcision.

From both the focus group discussions and the one interview that the researcher had with the participants, it is clear that there is a shared view of what traits a male has to embody in order for them to be regarded as a 'real man'. All the participants in the focus group discussions and interviews were of the same view that only a man who can take responsibility can be given that right to be regarded as a 'real man'. Apart from responsibility, the participant stated that a real man provides, protects, guides and respects young and old even other men and women. Attaining the status of manhood<sup>43</sup> should not be fixed, as the meaning and perception of the term is not the same for all men.

Participant 2: *culturally and traditionally speaking a man's words are law, he dominates and demands people's respect forcefully of which is wrong. Growing up I saw how my father treated my mother, he would come back drunk and sometimes would beat my mother. My father went to the mountain and was circumcised,*

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<sup>42</sup> Young African men are propelled to undergo ritual circumcision as a way of attaining their (African) masculine status and identity, hence they conform to what to the societal regulations.

<sup>43</sup> The key requirement to attain manhood in Africa is achieving some level of financial independence, employment or income, and subsequently starting a family moreover, in some settings older men also have a role in holding power over younger men and thus in defining manhood in Africa (see Baker and Ricardo, 2005:2)

*however there was nothing manly about him. Even if the community respected him and saw him as a real man to me he was not. What good was it for him to even go to the mountain to attain the manhood status but to fail to exhibit characteristics of a real man?*

The descriptive narratives of the participants pointed to how masculinity or 'real man' identity is constructed and perceived. The mutual understanding of what being a man means stood out the most taking (into consideration that the participants came from different backgrounds and have been socialised differently). Magodyo (2013:15) asserted that masculinity should not be viewed as homogenous since not all men perceive it in the same way and masculinity is not enacted or performed the same way across cultural context (see Naidu and Ngila, 2013). Therefore, Lynch *et al.*, (2009:16) argues that acknowledging the plurality of masculinities practices can be identified that contribute to how men construct<sup>44</sup> and reconstruct their masculinity within the sub-Saharan region, and particularly in South Africa. Similarly Baker and Ricardo (2005: 2) also noted that the traditional 'versions' of manhood are socially constructed, fluid over time and plural. Elliot adds that (2003:7) the dominant forms of masculinity that are in existence are seen as social constructions which are fluidly open to change.

One of the participants related how his father mistreated his mother as his father was seen as the head of the house and no one stopped him. *'Growing up I saw how my father treated my mother, he would come back drunk and sometimes would beat my mother'.*

Socially men use power over women hence women in many African communities are socially conditioned to be submissive, respectful and subordinate, and sometimes complicit in the way men exploit and abuse<sup>45</sup> them. Baker and Ricardo (2008:3) affirm this by pointing out that the social norms which are related to gender and sexuality and the unequal power dynamics between men and women are how violence over women is reinforced. On the other hand Ratele (2008:520) argues that African studies on men and masculinities are unjustifiably blind and prolong the violent

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<sup>44</sup> 'Men and boys are active agents in constructing and reconstructing dominant norms of masculinity (Courtenay 2000:1388).

<sup>45</sup> Barker and Ricardo (2008:3) assert that little attention has been given to the importance of addressing men to prevent such behaviors.

oppression of females if they choose not to be informed and not to be aligned with feminism and women's movements.

Men construct their masculinities through socially accepted characterisation since it is society that frames the most accepted way of 'being a man'. Ratele (2013b:145) argues that men learn about masculinity through how they are addressed by others, through comparing themselves with others and through comparing themselves with the image of their childhood.

*What constitutes a real man?* One of the participants posed this question to the other participants of the focus group. Another question was, *can a man who is still a virgin be called a real man?* The participants did not respond to this question.

When interviewing Participant 4, I asked if he regarded a virgin man a 'real man'. He did not answer the question when he was with other male participants as he did not want to offend the other men in the focus group. When we were alone, he divulged that: *a man who has not been with a girl sexually is mocked by other men, they call you isishimane<sup>46</sup> (a man who is scared of women or who does not have a girlfriend). If you have only one girlfriend they also laugh at you, a man who has multiple partners is held in high esteem.*

The sexual debut of a man plays a crucial role in being accepted and regarded as a 'real man' by other male counterparts. The culture of having multiple partners, which is identified as being *isoka* by the Zulu play an important part in constituting social relations more especially among men. Ratele (2013a:259) argues that "masculinity in the media appears to confirm the notion that it is not essence but 'a set of actions, relations and discourses' used to distinguish an individual from others, one group of subjects from another". The aforementioned sheds light on how masculinity is used as a mechanism which separates one group of man from another, hence if a man is not seen as attributing the 'set actions' which are regarded as portraying masculinity, he is seen as different from other men in society.

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<sup>46</sup> Isishimane is a derogatory term which is used to describe a male who has only one (sic) female partner (girlfriend), or has no female partner at all (Essuon, 2004:14).

## 5.5 CONCLUSION

In some ‘cultures’, for young men to be accepted, respected, belong and most importantly, to be regarded as ‘real man’, they have to go through the rite of passage. According to (Van Gennep, 1960 as cited in Turner 1969; 359) all rites of passage or transition are marked by three stages, which are as follows: first stage which is the separation stage, the second stage which is the margin (limen) and lastly the aggregation stage. This chapter has highlighted how ‘culture’ plays an important role in how men perceive and attain their manhood status. In communities that practice circumcision traditionally, it is considered a necessity for a boy coming of age to be circumcised. This is because in such communities to be regarded as a “real man”, circumcision is a requirement. This chapter also pointed out how male students who are traditionally circumcised, in some instances, instigate stigma towards males who are medically circumcised and those who have not been circumcised. A study conducted by Peltzer and Kanta (2009:83) yielded similar results, which revealed that initiates felt that they would be stigmatized for choosing medical male circumcision over traditional male circumcision. This chapter also found that the traditional cutting of the foreskin held symbolic meanings of identification of manhood. Hence, if a young man is circumcised medically or is not circumcised he does not qualify to be called a ‘man’. From a cultural anthropological perspective, the removal of the foreskin represents the masculinization of a boy (see Ashmadu and Shweder, 2009:14).

The chapter also revealed the cultural importance attached to going to the ‘mountain’ or ‘bush’ by male students. Going to the mountain is viewed as a demonstration of bravery and manhood. The chapter also revealed that the sexual debut of a young man was also perceived as a rite of passage by other male students, as becoming sexually active was regarded as transition of a young man to manhood or a young man attaining his sexual identity. “Among the most important dimensions of the transition to adulthood are the initiation of sexual activity and the establishment of sexually based primary relationships” (see Nathanson and Schoen, 1995:2).

The chapter also revealed that through traditional circumcision a young man is able to attain rights and privileges. Privileges such as being able to speak in public, being able to get married and the legitimate right of being referred to as *indoda emandodeni*. This privileges according to the study findings are not given to uncircumcised men. Lastly this chapter demonstrated how being circumcised places people within groups of either circumcised or uncircumcised, medically

circumcised or traditionally circumcised. Each of these groups has peculiar social attachments to it. As such, the presence of male circumcision shapes the identity and a sense of belonging of male students.

# **CHAPTER SIX: CONCLUDING SUMMARY-Shortening the Foreskin**

## **6.1 INTRODUCTION**

The concluding chapter presents a summarized overview of the study and present a concise interpretation of the study findings. It also points out important thematic issues which emerged during the study.

Reddy and Frantz (2011:167) stated that students from South African universities come from different cultural and social backgrounds, their level of awareness with regards to their exposure to STI'S and HIV/AIDS is low, and this becomes a threat because they can engage in risky behavior. It should be noted that many students come from schools where they did not receive adequate and accurate information about the HIV/AIDS pandemic. Nor were they equipped with the necessary life skills that teach them the 'knowhow' with regard to the health consequences of their (risky) sexual behavior. South Africa has the highest HIV/AIDS infection rate and deaths which are related to this disease (Blignaut, Vergnani and Jacobs 2014; Tsimane, 2014; Reddy and Frantz 2011). The tertiary institutions thus constitute an important platform where HIV/AIDS interventions can be employed/deployed (Raijmakers & Pretorius, 2006 as cited in Mulwo, Tomaselli and Dalymple, 2009:311). Male circumcision was in turn introduced as the new tool and a key strategy in the fight against HIV/AIDS (Jeofry, Zivanai and Gwendoline, 2013:45).

The province of KwaZulu-Natal has a 15.8 % rate of HIV/AIDS infection which is the highest compared to all other provinces in South Africa (Mutinta *et al.*, 2011, Department of Health of health, 2008). Hence the roll out of medical male circumcision by the minister of health in tertiary institution in this province was paramount. For many university students, the university environment offers them a chance to be 'adventurers' in experimenting sexually. A study conducted by Blignaut, Vergnani and Jacobs (2015:81) noted that males were more likely to be sexually active than females when entering university, and African students were more likely to be more sexually active compared to other racial groups.

In reviewing literature on circumcision it was evident that male circumcision is a socio-cultural practice which carries profound significance across various societies where it is practiced. Kepe (2009:729) reports that male circumcision is practiced in many cultures across the world for religious, ritual and medical purposes. One of the core beliefs held by some cultural groups is that circumcision enhances and strengthens male masculinity. Male circumcision is more than the cutting of the foreskin and there are culturally significant symbolic meanings attached to it. Hence male circumcision cannot be viewed merely as a technical procedure, as it carries a network of meanings attached and embedded to it. In South Africa, the Xhosa ethnic group is one of several 'ethnic' groups that practice circumcision as a rite of passage for a boy in becoming a man (Vincent, 2008:79). When male circumcision is practiced as a rite of passage<sup>47</sup> from boyhood to manhood, it is referred to as traditional male circumcision and sometimes referred to as going to the 'mountain' or 'bush'.

The ritual (circumcision) integrates a boy into the community as 'real man' when it is practiced traditionally. However, when it is practiced within the medical discourse and overseen by a medical doctor or practitioner, it is used as a preventative measure against HIV/AIDS and other sexually transmitted infections and is called medical male circumcision. Phillip and Dominic (2012:250) assert that the introduction of male circumcision as a preventative measure against HIV/AIDS<sup>48</sup> came after studies found that in societies where male circumcision was practiced the infection rate was lower compared to non-circumcising communities.

However, it is important to note that there have been a number of deaths which have been reported in mass media<sup>49</sup> which are occurred due to incorrectly performed traditional circumcisions. Gwata

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<sup>47</sup> Circumcision is commonly known as initiation which marks the transition from boyhood to manhood there is often specific reference to this change, as a boy is told to say 'I am a man' (Ndiyindoda) just after the cut, and the surgeon answers 'you are a man' (Papu and Verster, 2006; Mhlalo, 2009; Nkosi, 2013; Ncaca, 2014).

<sup>48</sup> According to Donoval *et al.*, (2006:386) "circumcision removes the potential entry site for HIV, by removing the inner surface of the human foreskin which contains cells that attract HIV".

<sup>49</sup> Kheswa *et al.*, (2014:2790) argued that it is important to "validate these challenges especially in the area where traditional male circumcision is still held at higher esteem" and to hear the experiences and the perceptions of those young men who still went on to perform the ritual in the face of deadly atrocities that

(2009:1-2) argues that although the number of circumcision related complications and premature deaths there is still a significant support of ritual circumcision and in spite of lower rates which are related to medical male circumcision this option is still not recognized or accepted among the Xhosa. Nonetheless, Kheswa *et al.*, (2014:2790) contends that the challenges which are associated with circumcision (TMC) have weakened the social capital of the practice-hence the way it is perceived nationally, continentally and globally has changed. It is therefore argued that cultural practices need to be moderated in order to reflect the dynamic of our society today and embrace change as an inevitable reality (Chang'ach, 2014:41).

In societies that practice traditional male circumcision, it is a societal norm that all young boys have to go through the rite of passage when they reach a certain age. For a young boy who comes from such a community to opt to not get circumcised or who decides to get circumcised within the medical setting, that particular boy faces rejection and is seen as insulting his community. Esplen (2006:3) stated that the “social pressure to conform to dominant versions of masculinity is often intense and the consequences of not conforming can be severe”. The endurance of pain and the hardships that are associated with circumcision are necessary for a boy to attain his manhood status (Vincent, 2008a:82). Burn and Ward (2005:2) assert that “men are expected to be physically strong and masculine, highly competent and knowledgeable, and able to solve their own emotional difficulties and avoid showing vulnerability”. In his later work Vincent (2008b:434) stated that by undergoing circumcision, an initiate is given “public endorsement” by the community, as undergoing circumcision is seen as a culturally accepted norm of attaining heterosexual manhood.

## **6.2 THEMATIC ISSUES**

Two strong important thematic issues emerged.

1. The socially idealized African masculinity
2. Self-image (refusing free condoms) and dangerous false security

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have been widely reported in the media and other mass communication avenues against traditional male circumcision”.



### 6.2.1 The socially idealized African masculinity.

Through the descriptive narratives of male students it became clear that male students construct their masculine identity through the set gender norms in their communities and through their social interactions<sup>50</sup> with their peer groups or male counter parts within the university setting. Reeves (2012:8) argues that social interactions influence the way gender identities are constructed.

Through the narratives, it was evident that masculinity<sup>51</sup> is not viewed homogenously, for instance, the Zulus construct their own set standards of masculinity which is different compared to masculinity which is constructed by the Xhosa. Even with the differences that exist, it should be noted that there are ideas that overlap within different cultures.

Some of the narratives of the construction of masculinity were as follows:

*Getting circumcised is the greatest privilege to a young boy's life. It is through circumcision that amaXhosa man gets to share full privileges of what it means to be a real man and share in the duties and responsibility that other men relish on in the community. The doctrines and teachings that a boy gets through initiation are crucial to a man integrating into society. The teachings that I got when I went to the mountain have played a very important role in my life, through them I got to become a better man and I reflect on them when I face challenges as a man.*

*The mountain can and will never change a person, some can go there for a week, month or even a year but come the same. I do not understand why sometimes we should follow culture even if it does not meet logic. I have friends who have gone to the mountain and I think I am more of a man than they will ever be. Just because society has taught us and let us to believe that if you do not go the traditional way you will not be considered a man. Lucky\**

Even with the number of deaths that have been associated with traditional male circumcision, it was surprising to find that circumcision is still held in such a high regard. The study participants,

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<sup>51</sup> “There is no single set or prescribed script for masculinity; rather there are multiple discourses of masculinity that are constantly changing in relation to the context in which boys and men find themselves” (Connell, 2000 as cited in Smith, 2010:10).

especially those who come from circumcising communities; emphasized the importance of ritual circumcision. They viewed medical male circumcision as a method which disrupts the process of a boy's crossing over to manhood and thus attaining and strengthening their masculinity.

From the narratives of the male students it was clear that, local Black African male students were still largely not that supportive of medical male circumcision. They also pointed out that their reservations about medical male circumcision were due to the fact that, if you are medically circumcised in the communities you come from, you are most likely to be rejected and insulted. Therefore to belong and be given legitimate manhood affiliation, they perceived that a man has to undergo ritual male circumcision. As one of the participant stated *ubudoda buyasetjenzelwa, ubutholwa malula (attaining masculinity is not easy you have to work for It*. However, for male students who come from non-circumcising communities; they stated that the only would consider medical male circumcision because of the benefits<sup>52</sup>.

It was noted that one of the dominant and sustained beliefs held by almost all the men is that male circumcision enhances their sexual performance which was one of the significant motivational factor for them to become circumcised.

Fouten (2006:8) stated that there are diverse masculinities that exist in any given setting. The notion of what it means to be a man is fluidly understood and interpreted differently. The narratives shed light on how the pressures that society<sup>53</sup> exert on young men to become circumcised so that they can be seen as men. Furthermore, the views of what constitutes a man, *ukuba yindonda* (to be a man) are not fixed. Some of their narratives are as follows:

*A man is only a man when he is circumcised, if you are not circumcised you are not seen as a man. Without undergoing male circumcision you are not considered a man at all sis wam (my sister). You are told that you do not 'fit in' and that umfana akahlani namadoda (a boy does not hang out with men). Circumcision is a gateway to societal acceptance sis wam, who wants to be an outcast and to be insulted*

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<sup>52</sup> According to Khumalo *et al.*, (2013:1086) factors that would facilitate Zulu men to get medically circumcised varied, for instance, among young men the factors included hygiene, protection from STIs, reduced pain during sex and sexual satisfaction.

<sup>53</sup> "The most legitimate and respected conception of masculinity is prescribing to particular set of behaviors and traits that are socially desirable in men" (Connell 1987 as cited in Willer *et al.*, 2013:5).

*certainly not me (he looks at me with a serious face). When you are cut, it is important that you do not flinch and after the traditional surgeon is done you have to scream, "Ngiyindoda". Nathi\**

*Being a man to me as a Zulu man means you are a leader, provider and responsible for your family and actions hence you cannot say you are a man after you become a husband to a particular woman. Sphiwe\**

*A man is defined by his actions, just because I got circumcised medically it does not make me less of a man. A man can be circumcised the way culture prescribes but can still acts like a boy. The cutting of the foreskin does not change anything, if a person was not responsible. Scelo\**

The study discovered that, the perception and understanding among male students about circumcision is not the same. The study uncovered that African male students from traditional circumcising communities choose to become circumcised because of societal pressure. Hence they undergo circumcision in order to identify with and to be respected as masculine. Traditional circumcision is perceived as the only or main gateway to societal acceptance, thus the young men conform to the pressures of being circumcised.

For young men who choose not to get circumcised traditionally in communities that practice circumcision as a rite of passage, they face social exclusion, rejection, disrespect and insult from both men and women in their communities. For male students who come from non-circumcising community, they were of the belief that a man is defined by his actions, not the cutting of his foreskin. *'indoda yindonda ngezenzo'* (A man is a man through his actions), a man earns respect, it is not given to them. If we constantly reproduce the cultural stereotypes of the idea of what it means to be a man or woman, this shared typification becomes institutionalized and routine part of people's everyday lives (West and Zimmerman, 1987 as cited in Jephtha, 2014:10).

In the same vein, Sideris (2004:30) states that the "cultural constructions of what it means to be a man not only legitimizes male authority, but also provide men with a set of regulations that spell

out the rights, duties and obligations that accompany patriarchal authority”. This points to how ‘culture’ influences the construction of masculinity. The particular set of masculine traits or standards that men in society have to exhibit and traits that are not perceived socially correct are all regulated. There are no set standards that constitute the understanding and meaning of what it means to be a man. Men frame and reframe their manliness differently. This was noted by Rubarth (2014:21) as he postulated that what constitutes manliness or masculinity varies to some degree from culture to culture, and this proves to be true because it has been highlighted by some of the research participants that undergoing ritual circumcision is the key requirement to being regarded as a man in their culture. On the other hand, some participants were of view that circumcision does not make a man more of a man, however it is the actions and conduct that a man portrays that makes him a man.

### **6.2.2 Self-image (free condoms) and dangerous false security**

The findings of this study highlighted the negative attitude exuded by many male students towards government provided condoms. The study also revealed that male students in a university setting are actively indulging in high risk sexual behavior without any fear of negative consequences, such as NOT USING THE FREE CONDOMS! Some males have psychologically fabricated this false safety which they believe is provided by circumcision. Since becoming circumcised, some males did not see the need to continue using condoms because they have the belief that they are protected completely from sexually transmitted infections by circumcision alone. Their refusal to use the free condoms or rather not condomise, testifies to this false belief and false security.

*Expensive condoms are normally bought when a guy wants to impress a girl of high class. Guys can use the choice condom when during sexual intercourse with their ‘main girlfriend’ or straight girlfriend<sup>54</sup>. Sizwe\**

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<sup>54</sup>According (Boswell and Spade, 1996 as cited in Masvawure, 2010:12) there are three types of common romantic relationships that can be identified among students which are as follow: ‘Hooking up’ was the dominant and most preferred type: it involved one-night stands with no strings attached. ‘Seeing each other’ was the second type and referred to ‘open’ relationships in which two students who were sexually involved were also free to date other people. The third type was the standard ‘steady boyfriend or girlfriend’ relationships, which were monogamous and entailed some level of commitment.

*When I have to use the government provided condoms I have to switch off the lights, because I do not want the woman I will be sleeping with to see that I am using something without a label. Sphiwe\**

*It is not about the choice of condom that we as guys use, the fact of the matter is no guy wants to use a condom. So some guys will tell you that they do not use government condoms because they free and a whole of other stuff. No guy will admit that they do not like condom 'a condom becomes a third party in something that has to be between two people. Nathi\**

Through the descriptive narratives of male students it was demonstrated how dominant construction of masculinity in university settings contribute to male student's risky behavior. Nonetheless, Stern (2013:11) asserts that understanding narratives and the social and cultural norms which structure the sexual identity of men and women, policy makers and researchers can learn how to promote HIV/AIDS risk reductions strategies better. The study findings revealed the importance of self-image on male students and the importance embedded in setting a particular standard of class (sic) through brands and labels, even when it comes to condoms.

### **6.3 CONCLUSION: promotion of medical male circumcision and african students construction of masculinity**

This study aimed to probe the perceptions of local Black African male students within the University of KwaZulu-Natal. There are conflicting debates and narratives on the issue of circumcision among this category of male students themselves. Due to the high rates of HIV/AIDS infection in tertiary institutions, medical male circumcision was seen as one of the significant tools that could be used to curb the HIV infection rates among South African tertiary students. One of the ways in which this strategy was promoted across South African tertiary institutions, was through policies and programs which were implemented for the sole purpose of promoting medical male circumcision among male students. In the context of the University of KwaZulu-Natal, this initiative of promoting MMC has been established through creating awareness campaigns and educational talks around UKZN campuses, these campaigns and talks are hosted by the University men's forum. These programs, were further lobbied through the University community and its

stakeholders to consider having facilities that will administer MMC within the University instead of sending students outside to have this relatively quick procedure done. The existence of such campaigns which are used to promote the roll-out of MMC, act as proof that medical male circumcision is one of the multi-faceted strategies which have been employed to reduce the rate of new HIV/AIDS infection within the University community.

One of the important features of the university community lies in its heterogeneity with regards to its population and its demographics. This study found that cultural conditioning, socialization and the backgrounds of University students are different, and these influence the students' outlook and perceptions in relation to the topics that were discussed in this study. The students also differ in religion, culture and traditions; hence the heterogeneity with regards to their belief systems, which were polar opposites in some instances. It was Humphries *et al.*, who noted, critically, that the barriers that hinder the uptake of voluntary medical male circumcision need to be “understood and addressed” in South Africa, “if voluntary medical male circumcision targets are to be met” (see Humphries *et al.*, 2015:926). While *their* study makes this important point, it fails to point out *what* exactly some of these barriers might be. The value of *this* study is that the findings shed light on some of these critical ‘barriers’; many of which cohere around beliefs of constructed male (student) masculinities and campus ‘real man’.

These differences in beliefs thus need to be taken seriously and probed further because they put the efficacy of promoting medical male circumcision at serious risk. For instance, male students from traditional circumcising communities perceive medical male circumcision as interfering with and *disrupting* the socio-cultural significance of traditional male circumcision. Khumalo *et al.*, (2013:1097, emphasis mine) concurs with the narratives in this study.

Thus “[M]essages promoting medical male circumcision will need to be carefully tailored to be socially and culturally sensitive, with a focus on minimizing local barriers, including pre-existing stigma and discrimination associated with circumcision. The study revealed that men who have been circumcised medically are seen as weak and ‘unmanly’ by many male students who have been circumcised traditionally, because traditional male circumcision is viewed as a mechanism which *enacts* masculinity.

Initiation rites of passage play a pivotal role in the demonstration of masculinity for young men. It was noted that “versions of manhood in Africa are socially constructed, fluid over time and in different settings, and plural” (see Barker and Ricardo, 2005:2). For some African male students, the key requirement for them to attain manhood is through circumcision conducted by a traditional surgeon. This method of circumcision is also accompanied by cultural teachings where boys graduating to manhood are taught what it means to be a ‘real man’ in the context of their culture. In such cultures, traditional male circumcision has supremacy and it provides a dominant standard for what “acceptable masculinity” is. Hence those who are in fear of losing their masculinity standing in their community, conform, as well as those who seek acceptance as ‘real man’. Shefer *et al.*, (2007:96) verified this by stating that hegemonic masculinity and its norms play an important role in the regulation of the behavior of men and boys. The study found divergent narratives of masculinity is across cultures. For example, the Zulu male students’ perceptions with regards to masculinity is poles apart from those of the Xhosa male students’ construct of masculinity in their culture, this could be explained by the fact that the social realities of both groups are different as earlier alluded to.

Of grave and critical concern is that the study findings revealed that there is a sense of false security constructed by African male students due to being circumcised. This is because they view circumcision as their safety net from sexually transmitted infections such as HIV/AIDS. Such false safety security is risky and dangerous and as such dissuades all the efforts of curbing the infection rate in the university community using medical male circumcision. Therefore, there is a pressing need to deal with the false perceptions that many hold with regards to male circumcision through programs that promote medical circumcision while concurrently putting emphasis on the fact that circumcision alone does not protect from HIV hence the need for need dual protection.

Other preventive methods such as condom usage are seen as less important and less appealing as one of the study participants noted ‘*udliwa kanjani uswidi ephaketheni*’ (how do you eat wrapped sweets’). Most African male students in the study reported that they were not in favor of using condoms during sexual encounters, they preferred ‘flesh to flesh’ and since they were circumcised sexual pleasure was enhanced. Almost all the participants agreed that using condoms during sexual relations would make the whole process less enjoyable.

The study findings revealed that, with regards to condom use, when the male student DO use them, it is heavily influenced by the brand of the condom. Students were most likely to use a condom if it was a branded condom, which is considered more expensive in relative terms than government provided condoms which are free and easily available. The need to use branded condoms does not exist in isolation, it is rooted in the culture where brands are seen as means to attain social status. Thus male students who want to be seen as 'cool' have expensive taste in terms of clothing, gadgets as well as in the type of condom that they use as is revealed by the study. The interviewed students argued that the use of branded condoms is appealing to women. The seriousness of the 'need' to use branded condoms is highlighted in the study findings, where some male students would rather risk being involved in risky sexual encounters than use the government provided condoms. The reason behind the negative attitude that lead students to choose unprotected sex in the absence of branded condoms, is that, the use of government condoms is seen as less appealing by their sexual conquests and it is seen as 'disrupting' their image as real men.

Hence, the programs which are developed for higher education training should quite possibly be different from the general population of males. There needs to be a synergy between traditional male circumcision and medical male circumcision during promotions and program designing. These programs should also take into consideration the socio-cultural context and backgrounds of male students attending University and provide messages that show sensitivity to it. Programs and campaigns that are tailored for the promotion of medical male circumcision should cater for the differences that exist.



## **REFERENCES**

- Abbey, S., Charbonneau, M., Tranulis, C., Moss, P., Baici, W., Dabby, L., & Paré, M. (2011). Stigma and discrimination. *Canadian Journal of Psychiatry*, 56(10), S1.
- Ahuja, A., Wendell, B., & Werker, E. (2009). Male circumcision and AIDS: the macroeconomic impact of a health crisis. *Harvard Business School Working Paper*, 07-025.
- Anathi, N. (2015). University Male Students' Perceptions on the Cultural Relevance of Traditional Circumcision among the amaamaXhosa in East London, South Africa. *Procedia-Social and Behavioral Sciences*, 190, 135-138.
- Anderson, E. E. (2006). A qualitative study of non-affiliated, non-scientist institutional review board members. *Accountability in Research*, 13(2), 135-155.
- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *Academy of management review*, 14(1), 20-39.
- Ahmadu, F. S., & Shweder, R. A. (2009). Disputing the myth of the sexual dysfunction of circumcised women: An interview with Fuambai S. Ahmadu by Richard A. Shweder. *Anthropology today*, 25(6), 14-17.
- Auvert, B. (2003). Potential for an intervention based on male circumcision in a South African town with high levels of HIV/AIDS infection. *AIDS care*, 15(3), 315-32.
- Auvert, B., Lissouba, P., Geffen, N., Fiamma, A., & Heywood, M. (2009). Key facts on male circumcision. *SAMJ: South African Medical Journal*, 99(3), 150-151.
- Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R., & Puren, A. (2005). Randomized, controlled intervention trial of male circumcision for reduction of HIV/AIDS infection risk: the ANRS 1265 Trial. *PLoS medicine*, 2(11), e298.

Bailey, R. C., Plummer, F. A., & Moses, S. (2001). Male circumcision and HIV prevention: current knowledge and future research directions. *The Lancet infectious diseases*, 1(4), 223-231.

Bailey, R. C., Moses, S., Parker, C. B., Agot, K., Maclean, I., Krieger, J. N., & Ndinya-Achola, J. O. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial. *The lancet*, 369(9562), 643-656.

Barker, G., & Ricardo, C. (2005). *Young men and the construction of masculinity in sub-Saharan Africa: implications for HIV/AIDS, conflict, and violence*. Washington, DC: World Bank.

Bearer, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The Lancet*, 369(9568), 1220-1231

Bertozi, S., Padian, N. S., Wegbreit, J., DeMaria, L. M., Feldman, B., Gayle, H., & Isbell, M. T. (2006). HIV/AIDS prevention and treatment. *Disease control priorities in developing countries*, 2, 331-370.

Betron, M., Barker, G., Contreras, J. M., & Peacock, D. (2012). Men, masculinities and HIV/AIDS: Strategies for Action. *International Center for Research on Women, Instituto Promundo, MenEngage Alliance, and Sonke Gender Justice Network*.

Bigger, S. (2013). Thresholds, liminality and fruitful chaos: revolutionary change in education? *Educational futures*.

Blignaut, R. J., Vergnani, T., & Jacobs, J. J. (2014). Correlates of sexual activity versus non-activity of incoming first-year students at a South African university. *African journal of AIDS research*, 13(1), 81-91

Bongaarts, J., Reining, P., Way, P., & Conant, F. (1989). The relationship between male circumcision and HIV/AIDS infection in African populations. *Aids*, 3(6), 373-378.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Brown, J., Sorrell, J., & Raffaelli, M. (2005). An exploratory study of constructions of masculinity, sexuality and HIV/AIDS in Namibia, Southern Africa. *Culture, health & sexuality*, 7(6), 585-598.

Brown, R. (2000). Social identity theory: Past achievements, current problems and future challenges. *European Journal of Social Psychology*, 30(6), 745-778.

Burn, S. M., & Ward, A. Z. (2005). Men's Conformity to Traditional Masculinity and Relationship Satisfaction. *Psychology of Men & Masculinity*, 6(4), 254.

Blundell, D. S. (1994). MASK--Anthropology on the Sinhalese Belief System.

Chamuka, P. (2014). *Understanding the Sexual Practices of Medically Circumcised Males in the Context of HIV and AIDS: A Study in Harare Zimbabwe* (Doctoral dissertation, Rhodes University).

Chanda, C., Likwa-Ndonyo, R., Nzala, S., & Mweemba, O. (2014). Perceptions and Beliefs of University and College Students towards Male Circumcision in Lusaka. *Medical Journal of Zambia*, 39(1), 27-32.

Chang'ach, J. K. (2013). Influence of Keiyo Traditional Circumcision on Aspirations for Higher Education Among Boys in Secondary Schools, Keiyo South District, Elgeyo-Marakwet County, Kenya. *American International Journal of Contemporary Research*, 3(4), 41-53.

Chemtob, D., de Coul, E. O., van Sighem, A., Mor, Z., Cazein, F., & Semaille, C. (2015). Impact of Male Circumcision among heterosexual HIV cases: comparisons between three low HIV prevalence countries. *Israel journal of health policy research*, 4(1), 1-8.

Coetzee, D. (2001). South African education and the ideology of patriarchy. *South African journal of education*, 21(4), p-300.

Cohen, D. & Crabtree, B. (2006).” Qualitative research guidelines project” [Online]. Available: <http://www.qualres.org/HomeSemi-3626.html> [Accessed 11 June 2015]

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. *Gender & society*, 19(6), 829-859.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science & medicine*, 50(10), 1385-1401.

Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social science information*, 45(4), 483-499.

Daniel, K. (2009). An analysis of the rites of passage and their relation to Christianity. *International Journal of Sociology and Anthropology*, 1(8), 156-166.

Dingindlela, L. (2014). *Views of Traditionally Circumcised amaXhosa Men towards Medical Male Circumcision*. (Masters dissertation, University of the Witwatersrand, Johannesburg)

Dionne, K. Y., & Poulin, M. (2013). Ethnic identity, region and attitudes towards male circumcision in a high HIV/AIDS-prevalence country. *Global public health*, 8(5), 607-618.

Donoval, B. A., Landay, A. L., Moses, S., Agot, K., Ndinya-Achola, J. O., Nyagaya, E. A., & Bailey, R. C. (2006). HIV/AIDS-1 target cells in foreskins of African men with varying histories of sexually transmitted infections. *American Journal of Clinical Pathology*, 125(3), 386-391.

Doyal, L., Anderson, J., & Paparini, S. (2009). ‘You are not yourself’: Exploring masculinities among heterosexual African men living with HIV/AIDS in London. *Social science & medicine*, 68(10), 1901-1907.

Drost, E. A. (2011). Validity and reliability in social science research. *Education Research and Perspectives*, 38(1), 105.

Elliott, W. (2003). Masculinity: Key South African Issues & Debates [online]. Available: <http://fathers.co.za/wp-content/uploads/2015/02/Masculinity-in-South-Africa.pdf> [Accessed 28 October 2015]

Emeka-Nwabunnia, I., Ibeh, B. O., & Ogbulie, T. E. (2014). High HIV sero-prevalence among students of institutions of higher education in Southeast Nigeria. *Asian Pacific Journal of Tropical Disease*, 4(2), 159-165.

Esplen, E. (2006). *Engaging men in gender equality: Positive strategies and approaches: Overview and annotated bibliography*. Institute of Development Studies, University of Sussex.

Fiaveh, D. Y. (2011). Male perspective (s) on condom use: Context of STI/HIV/AIDS prevention in the University of Ghana community. *Journal of Public Health and Epidemiology*, 3(1), 17-27.

Fiaveh, D. Y. (2012). Condom myths and misconceptions: The male perspective. *Global Journal of Medical Research*, 12(5).

Fouten, E. S. (2006). *Exploring how adolescent boys negotiate regulatory conceptions of masculinity* (Doctoral dissertation, University of the Western Cape).

Genever, S. (2015). Choice condoms will be flavored soon. *SA Breaking News* [Online]. Available: <http://www.sabreakingnews.co.za/2015/03/12/choice-condoms-will-be-flavoured-soon/> [Accessed 19 August 2015]

Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.

Gibbs, A., Sikweyiya, Y., & Jewkes, R. (2014). 'Men value their dignity': securing respect and identity construction in urban informal settlements in South Africa. *Global health action*, 7.

Goffman, E. (1963). Stigma: notes on the management of spoiled identity. Guellet, G., &

Madise, N. J. (2007). HIV/AIDS and sexual-risk behaviors among adolescents: factors influencing the use of condoms in Burkina Faso: original research article. *African Journal of Reproductive Health*, 11(3), 182-196

Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.

Gray, R. H., Kigozi, G., Serwadda, D., Makumbi, F., Watya, S., Nalugoda, F., & Wawer, M. J. (2007). Male circumcision for HIV/AIDS prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*, 369(9562), 657-666.

Gwandure, C. (2011). The ethical concerns of using medical male circumcision in HIV/AIDS prevention in sub-Saharan Africa. *South African Journal of Bioethics and Law*, 4(2), 89-94.

Gwata, F. (2009). *Traditional male circumcision: What is its socio-cultural significance among young Xhosa men?* Centre for Social Science Research

Hall, W. (2015). Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy.

Hoffman, L. (1992). Constructing the theoretical context. *Therapy as social construction*, 7-24.

Hornsey, M. J. (2008), Social Identity Theory and Self-categorization Theory: A Historical Review. *Social and Personality Psychology Compass*, 2: 204–222. doi: 10.1111/j.1751-9004.2007.00066

Humphries, H., van Rooyen, H., Knight, L., Barnabas, R., & Celum, C. (2015). 'If you are circumcised, you are the best': understandings and perceptions of voluntary medical male

circumcision among men from KwaZulu-Natal, South Africa. *Culture, health & sexuality*, (ahead-of-print), 1-12.

Hunter, M. (2005). Cultural politics and masculinities: Multiple-partners in historical perspective in KwaZulu-Natal. *Culture, health & sexuality*, 7(4), 389-403.

Iliyasu, Z., Abubakar, I. S., Sani, I. H., Jibo, A. M., Karaye, I. M., Salihu, H. M., & Aliyu, M. H. (2013). Male circumcision and HIV/AIDS risk behavior among University students in Northern Nigeria. *American journal of men's health*, 7(2), 94-101.

Jacobs, J. U. (2013). Young South Africans and cultural (mal) practice: breaking the silence in recent writing: original research. *Literator: Journal of Literary Criticism, comparative linguistics and literary studies*, 34(1), 1-9.

Jain, R. B., Kumar, A., & Khanna, P. (2013). Assessment of self-awareness among rural adolescents: A cross-sectional study. *Indian journal of endocrinology and metabolism*, 17(Suppl1), S367.

Jephtha, A. C. (2014). *Exploring the constructions of a masculine identity amongst adolescent boys in the Western Cape* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Kang'ethe, S. M., & Takudzwa, G. (2013). Exploring the stumbling blocks on the way to a successful male circumcision campaign in Zimbabwe. *Journal of Human Ecology*.

Kang'ethe, S. M. (2013). The panacea and perfidy of cultural rites of circumcision in African countries: Examples from Kenya, Botswana and South Africa. *Eastern Africa Social Science Research Review*, 29(1), 107-123.

Katz, J., & Earp, J. (1999). Tough guise. *Videotape. Dir. Sut Jhally. Northampton, MA: Media Education Foundation*.

Kepe, T. (2010). 'Secrets' that kill: Crisis, custodianship and responsibility in ritual male circumcision in the Eastern Cape Province, South Africa. *Social Science & Medicine*, 70(5), 729-735.

Kerlinger, F. N. (1986). *Foundations of Behavioral Research*. (3rd ed) New York: Holt, Rinehart & Winston.

Kinyanjui, R. (2002). Hidden Cost of Rejecting Female Genital Mutilation [FGM]. *Transformation*, 72-77.

Kheswa, J. G., Nomngcoyiya, T., Adonis, P., & Ngeleka, S. (2014). The Experiences and Perceptions of "amakrwala" (Graduated Initiates) towards the Traditional Male Circumcision Practice in Eastern Cape, South Africa. *Mediterranean Journal of Social Sciences*, 5(20), 2789.

Khumalo-Sakutukwa, G., Lane, T., van-Rooyen, H., Chingono, A., Humphries, H., Timbe, A., &

Kibira, S. P., Nansubuga, E., & Tumwesigye, N. M. (2013). Male circumcision, sexual behavior, and HIV/AIDS status in Uganda.

Kithuka, B. A. N. (2014). *Factors Associated with Condom Use among Students at Jomo Kenyatta University of Agriculture and Technology* (Doctoral dissertation).

Kolawole, I. E. (2010). *Awareness and perceptions of HIV/AIDS preventive strategies among students of Universities of amaZululand and Ado-Ekiti* (Doctoral dissertation).

Lincoln, YS. & Guba, EG. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Lundsby, K., Dräbel, T., & Wolf Meyrowitsch, D. (2012). 'It brought joy in my home as in the area of my wife.' How recently circumcised adult men ascribe value to and make sense of male circumcision. *Global public health*, 7(4), 352-366



Lynch, I., Brouard, P. W., & Visser, M. J. (2010). Constructions of masculinity among a group of South African men living with HIV/AIDS: reflections on resistance and change. *Culture, Health & Sexuality*, 12(1), 15-27.

MacPhail, C., & Campbell, C. (2001). 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a Southern African township. *Social science & medicine*, 52(11), 1613-1627.

Madikizela, N. (2011). *The effect of the behaviour of black South African men of Mthatha district on HIV/AIDS prevalence* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Magodyo, T. C. (2013). *The role of Uhlwako in the construction of masculinity in men at the University of the Western Cape* (Doctoral dissertation, University of the Western Cape).

Marck, J. (1997). Aspects of male circumcision in subequatorial African culture history. *Health Transition Review*, 7, 337–360. Retrieved from <http://www.jstor.org/stable/40652312>

Masvawure, T. B. (2010). *'Low-risk Youth?' Students, Campus Life and HIV/AIDS at a University in Zimbabwe* (Doctoral dissertation, University of Pretoria, South Africa).

Mathew, W. (2012). *Cutting into Perceptions: Investigating Men's Understanding of Protection-Through Medical Male Circumcision for HIV/AIDS Prevention, in Durban, KwaZulu-Natal* (Doctoral dissertation, University of KwaZulu-Natal, Durban).

Matlapeng, K. M. (2014). Perceptions about the O Icheke Multiple Concurrent Partnership Campaign among young people who are members of the Selebi Phikwe District Youth Council, Botswana.

Matza, A. R. (2009). *The Boston*. The University of Iowa.

Mavundla, T. R., Netswera, F. G., Bottoman, B., & Toth, F. (2009). Rationalization of Indigenous Male Circumcision as a Sacred Religious Custom Health Beliefs of amaXhosa Men in South Africa. *Journal of Transcultural Nursing*, 20(4), 395-404

Mavundla, T. R., Netswera, F. G., Toth, F., Bottoman, B., & Tenge, S. (2010). How boys become dogs: stigmatization and marginalization of uninitiated amaXhosa males in East London, South Africa. *Qualitative Health Research*.

McQuoid-Mason, D. J. (2013). Is the mass circumcision drive in KwaZulu-Natal involving neonates and children less than 16 years of age legal? What should doctors do? *SAMJ: South African Medical Journal*, 103(5), 283-284.

Meissner, O., & Buso, D. L. (2007). Traditional male circumcision in the Eastern Cape—scourge or blessing? *South African Medical Journal*, 97(5), 371-373.

Merriam, S. B. (2002). Introduction to qualitative research. *Qualitative research in practice: Examples for discussion and analysis*, 1, 1-17.

Meyer, M., & Struthers, H. (2012). *(UN) covering Men: Rewriting Masculinity and Health in South Africa*. Jacana Media.

Mhangara, T. (2011). *Knowledge and acceptance of male circumcision as an HIV/AIDS prevention procedure among plantation workers at Border Limited, Zimbabwe* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

Mhlahlo, A. P. (2009). *What is manhood? The significance of traditional circumcision in the amaXhosa initiation ritual* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

Mkumbo, K. (2013). Assessment of HIV/AIDS knowledge, attitudes and behaviours among students in higher education in Tanzania. *Global public health*, 8(10), 1168-1179.

Mlewa, A. J. (2013). *Acceptability of medical male circumcision among uncircumcised young men at Mansa College of Education, Zambia: influence of perceptions about effects on male sexuality* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Mndzebel, S. L., & Tegegn, G. A. (2015). Knowledge, attitude and acceptance of voluntary male medical circumcision among male students attending Botswana University. *Journal of Public Health and Epidemiology*, 7(1), 6-14.

Mogotlane, S. M., Ntlangulela, J. T., & Ogunbanjo, B. G. A. (2004). Mortality and morbidity among traditionally circumcised amaXhosa boys in the Eastern Cape Province, South Africa. *Curationis*, 27(2), 57-62.

Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities*, 1097184X12438001.

Mshana, G., Wambura, M., Mwanga, J., Mosha, J., Mosha, F., & Chagalucha, J. (2011). Traditional male circumcision practices among the Kurya of North-eastern Tanzania and implications for national programmes. *AIDS Care*, 23(9).

Mtemeri, J., Samson, Z & Shoniwa, G. (2013). Attitude of Midlands State University Students towards Male Circumcision as A Way of Reducing HIV/AIDS Transmission. *IOSR Journal of Humanities and Social Science (IOSR-JHSS) Vol 16 (1)*, 45-49.

Mulwo, A. K., Tomaselli, K. G., & Dalrymple, L. (2009). Condom brands, perceptions of condom efficacy and HIV/AIDS prevention among university students in KwaZulu-Natal, South Africa. *African Journal of AIDS Research*, 8(3), 311-320.

Munthali, A. C., & Zulu, E. M. (2007). The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive behaviour in Malawi. *African journal of reproductive health*, 11(3), 150.

- Mwamwenda, T. S. (2014). African university adolescents gender differences in human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) vulnerability. *Journal of AIDS and HIV Research*, 6(2), 39-43.
- Naidoo, P. V., Dawood, F., Driver, C., Narainsamy, M., Ndlovu, S., & Ndlovu, V. (2012). Knowledge, attitudes and perceptions of pharmacy and nursing students towards male circumcision and HIV/AIDS in a KwaZulu-Natal University, South Africa: original research. *African Primary Health Care and Family Medicine*, 4(1), 1-7.
- Naidu, M. (2013). Perceptions around second generation female condoms: reporting on women's experiences. *Anthropological Notebooks*, 19(1), 25-34.
- Naidu, M., & Ngqila, K. H. (2013). Enacting masculinities: Pleasure to men and violence to women. *Agenda*, 27(1), 61-70.
- Ncaca, M. (2014). *Yithi Uyindoda! (Say, you are a man!): an ethnographic study on the religion and masculinities in initiation schools in Cape Town Townships* (Doctoral dissertation,
- Ndabarora, E., & Mchunu, G. (2014). Factors that influence utilisation of HIV/AIDS prevention methods among university students residing at a selected university campus. *SAHARA-J*, 11(1), 202-210.
- Nathanson, C., Paulhus, D. L., & Williams, K. M. (2006). Personality and misconduct correlates of body modification and other cultural deviance markers. *Journal of Research in Personality*, 40(5), 779-802.
- Ndlangamandla, C. (2006). *Sex sells-or does it? Responses to the construction of youth identities in print advertisements* (Doctoral dissertation).
- Nkosi, M. (2013). The nature and causes of male circumcision in Clermont-KwaDabeka in Kwazulu-Natal, South Africa. *J Hum Ecol*, 41(2), 119-130.

Nkosi, P. M. (2005). Ukwaluka/Ukusoka: A gender analysis of the symbolism of male circumcision as perceived by amaxhosa men and women in Clermont-Kwadabeka, Durban.

Nathanson, C. A., & Schoen, R. (1993). A bargaining theory of sexual behaviour in women's adolescence.

Ntombana, L. (2011). Should amaXhosa male initiation be abolished? *International Journal of Cultural Studies*, 14(6), 631-640.

Owen, I. R. (1995). Social constructionism and the theory, practice and research of psychotherapy: A phenomenological psychology manifesto. *Boletin de Psicologia*, 46, 161-186.

Papu, J., & Verster, P. (2006). A biblical, cultural and missiological critique of traditional circumcision among amaXhosa-speaking Christians. *Acta Theological*, 26(2), 178-198.

Peltzer, K. (2007). "Editorial Review: Male Circumcision, gender and HIV/AIDS prevention in sub-Saharan Africa: a (social science) research agenda". *Journal of Social Aspects of HIV/AIDS*, 4(3): 658-667.

Peltzer, K., & Kanta, X. (2009). Medical circumcision and manhood initiation rituals in the Eastern Cape, South Africa: a post intervention evaluation. *Culture, health & sexuality*, 11(1), 83-97.

Peltzer, K., Nqeketo, A., Petros, G., & Kanta, X. (2008). Traditional circumcision during manhood initiation rituals in the Eastern Cape, South Africa: a pre-post intervention evaluation. *BMC Public Health*, 8(1), 64.

Peters, F., & Marcus, T. S. (2011). Circumcision weeks: making circumcision part of routine training and service delivery at district-level hospitals in South Africa. *South African Family Practice*, 53(3), 262-266.

Phili, R. (2014). Health workers' perspectives on implementation of an integrated medical male circumcision strategy in KwaZulu-Natal, South Africa: original research.

Phillip, M., & Dominic, M. (2012). Perceptions of people towards male circumcision as a technical method to reduce HIV/AIDS and AIDS infection in Masvingo district of Zimbabwe. *Journal of AIDS and HIV/AIDS Research Vol, 4*(11), 248-255.

Picca, L. H., & Joos, K. E. (2009). The great condom adventure: analyzing college students' narratives of buying condoms. *Journal of sociological research, 1*(1).

Pierotti, R. S., & Thornton, R. (2012). Contemplating Circumcision for HIV/AIDS Prevention.

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the nutrition society, 63*(04), 655-660.

Rain-Taljaard, R. C., Lagarde, E., Taljaard, D. J., Campbell, C., MacPhail, C., Williams, B., &

Ratele, K. (2008). Analysing males in Africa: Certain useful elements in considering ruling masculinities. *African and Asian Studies, 7*(4), 515-536.

Ratele, K. (2013). Masculinities without tradition. *Politikon, 40*(1), 133-156.

Reeves, M. M. (2012). *Male Ballet Dancers'' Gender Identity Construction: Sexuality and Body* (Doctoral dissertation, University of the Witwatersrand).

Rennie, S., Perry, B., Corneli, A., Chilungo, A., & Umar, E. (2015). Perceptions of voluntary medical male circumcision among circumcising and non-circumcising communities in Malawi. *Global public health, (ahead-of-print)*, 1-13.

Ricardo, C., & Barker, G. (2008). Men, Masculinities, Sexual Exploitation and Sexual Violence re.

Riess, T. H., Achieng, M. M., & Bailey, R. C. (2014). Women's Beliefs about Male Circumcision, HIV/AIDS Prevention, and Sexual Behaviors in Kisumu, Kenya.

Rubarth, S. (2014) Competing Constructions of Masculinity in Ancient Greece [online]. Available: <http://www.atiner.gr/journals/humanities/2014-1-1-2-RUBARTH.pdf> [Accessed 02 November 2015]

Sansom, S. L., Prabhu, V. S., Hutchinson, A. B., An, Q., Hall, H. I., Shrestha, R. K. & Taylor, A. W. (2010). Cost-effectiveness of newborn circumcision in reducing lifetime HIV risk among US males. *PLoS One*, 5(1), e8723.

Scambler, G. (1998). Stigma and disease: changing paradigms. *The Lancet*, 352(9133), 1054-1055.

Scott, B. E., Weiss, H. A., & Viljoen, J. I. (2005). The acceptability of male circumcision as an HIV intervention among a rural Zulu population, Kwazulu-Natal, South Africa. *AIDS care*, 17(3), 304-313.

Sengwayo, S. F. (2011). Men's knowledge, understanding and factors influencing their beliefs about male circumcision in rural communities in Northern KwaZulu-Natal, South Africa.

Shai, N. J., Jewkes, R., Nduna, M., & Dunkle, K. (2012). Masculinities and condom use patterns among young rural South Africa men: a cross-sectional baseline survey. *BMC Public Health*, 12(1), 462

Shiferaw, Y., Alemu, A., Assefa, A., Tesfaye, B., Gibermedhin, E., & Amare, M. (2014). Perception of risk of HIV/AIDS and sexual risk behaviors among University students: implication for planning interventions. *BMC research notes*, 7(1), 162.

Shefer, T., Ratele, K., Strebel, A., Shabalala N., & Buikema, R., eds. (2007). *From boys to men: social construction of masculinity in contemporary society*. Landsdowne: University of Cape Town Press.

Sibanda, F. (2013). Beyond identity scars: reflections on the vitality of Shangani male circumcision in the context of HIV/AIDS and AIDS in Zimbabwe. *Journal of Emerging Trends in Educational Research and Policy Studies*, 4(1),

Sideris, T. (2004). "You have to change and you don't know how!" Contesting what it means to be a man in a rural area of South Africa. *African Studies*, (1), 29-49.

Siegfried, N., Muller, M., Deeks, J. J., & Volmink, J. (2009). Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev*,

Silverman, E. K. (2004). Anthropology and circumcision. *Annual Review of Anthropology*, 419-445.

Sithole, B., Mbhele, L., Van Rooyen, H., Khumalo-Sakutukwa, G., & Richter, L. (2009). Only skin deep: limitations of public health understanding of male circumcision in South Africa: scientific letter. *South African Medical Journal*, 99(9), 647-647.

Smith, R. L. (2010). *Exploring young black and white boys' social construction of masculinity in a private multi-racial school* (Doctoral dissertation).

Stellenbosch: Stellenbosch University).

Stern, E. A. (2013). Reappraising men's sexual behaviors and gendered attitudes from the sexual-history narratives of South African men and women in a time of HIV/AIDS.

Stinson, K. (2008). Male circumcision in South Africa. How does it relate to public health? [Online]. Available: <http://www.africanvoices.co.za/culture/circumcision.htm> [Accessed 13 May 2015]

Szabo, R., & Short, R. V. (2000). How does male circumcision protect against HIV/AIDS infection? *Bmj*, 320 (7249), 1592-1594.

Summers, M. R. (2007). *Marking the Body, Marking the Soul: The Religious Dimensions of Body Modification* (Doctoral dissertation, University of Georgia).



Tobian, A. A., Gray, R. H., & Quinn, T. C. (2010). Male circumcision for the prevention of acquisition and transmission of sexually transmitted infections: the case for neonatal circumcision. *Archives of pediatrics & adolescent medicine*, 164(1), 78-84.

Tsimane, S. (2014). *Male Circumcision as Partial HIV/AIDS Prevention Strategy in South Africa* (Doctoral dissertation, University of Johannesburg).

Tsvere, M., & Pedzisai, C. (2014). Attitudes of University Students towards Male Circumcision. *International Journal of Innovative Research and Development*, 3(2)

UNESCO. (2006). *Masculinity for boys: Resource guide for peer educators* [online]. Available < <http://unesdoc.unesco.org/images/0014/001465/146514e.pdf>> [Accessed 4 October 2015]

Vandello, J. A., & Bosson, J. K. (2013). Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity*, 14(2), 101.

Van Wyk, B., Pieterse, J., & Otaala, B. (2006). Institutional responses to HIV/AIDS from institutions of higher education in the Southern African Development Community. *Pretoria: SARUA*.

Venganai, H. (2012). “*We See It Differently*” *Examining Power/Knowledge in the Contestations of the WHO’s Interpretation of Male Circumcision*. *Women, Gender, Development (WGD)* [Online]. Available: <http://hdl.handle.net/2105/13049> [Accessed: 16 February 2015]

Vincent, L. (2008). ‘Boys will be boys’: traditional amaXhosa male circumcision, HIV/AIDS and sexual socialization in contemporary South Africa. *Culture, Health & Sexuality*, 10(5), 431-446.

Vincent, L. (2008). Cutting tradition: the political regulation of traditional circumcision rites in South Africa's liberal democratic order. *Journal of Southern African Studies*, 34(1), 77-91.

Wacker, J. G. (1998). A definition of theory: research guidelines for different theory-building research methods in operations management. *Journal of operations management*, 16(4), 361-385

Wambura, M., Mwanga, J. R., Mosha, J. F., Mshana, G., Mosha, F., & Chagalucha, J. (2011). Acceptability of medical male circumcision in the traditionally circumcising communities in Northern Tanzania. *BMC Public Health*, 11(1), 373.

Warren, K. H. (2010). *HIV and Male Circumcision in Swaziland, Botswana and Lesotho: An Econometric Analysis*. Centre for Social Science Research.

Weiss H, Polonsky J. (2007). *Male Circumcision: Global Trends and Determinants of Prevalence, Safety and Acceptability*. Geneva: UNAIDS [Online]. Available: [http://www.who.int/HIV/AIDS/topics/malecircumcision/JC1320MaleCircumcision\\_Final\\_UNAIDS.pdf](http://www.who.int/HIV/AIDS/topics/malecircumcision/JC1320MaleCircumcision_Final_UNAIDS.pdf) [Accessed 12 June 2015]

Weiss, H. A., Quigley, M. A., & Hayes, R. J. (2000). Male circumcision and risk of HIV/AIDS infection in sub-Saharan Africa: a systematic review and meta-analysis. *Aids*, 14(15), 2361-2370.

Westercamp, N., & Bailey, R. C. (2007). Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: a review. *AIDS and Behavior*, 11(3), 341-355.

Westercamp, N., Agot, K., Jaoko, W., & Bailey, R. C. (2014). Risk compensation following male circumcision: results from a two-year prospective cohort study of recently circumcised and uncircumcised men in Nyanza Province, Kenya. *AIDS and Behavior*, 18(9), 1764-1775.

WHO-UNAIDS, (2007). New data on male circumcision and HIV/AIDS prevention: Policy and programme implications. WHO/UNAIDS Technical Consultation on Male Circumcision and HIV/AIDS Prevention: Research Implications for Policy and Programming. Montreux, Switzerland.

Willer, R., Rogalin, C. L., Conlon, B., & Wojnowicz, M. T. (2013). Overdoing gender: A test of the masculine overcompensation thesis<sup>1</sup>. *American journal of sociology*, 118(4), 980-1022.

World Health Organization, Joint United Nations Programme on HIV/AIDS (2007). New data on male circumcision and HIV/AIDS prevention: policy and programme implications [Online]. Available: <http://libdoc.who.int/publications/2007/9789241595988> [Accessed 24 April 2015]

World Health Organization. (2008). Male circumcision quality assurance: a guide to enhancing the safety and quality of services.

Zhang, J., Jemmott III, J. B., & Heeren, G. A. (2015). Sub-Saharan African University Students' Beliefs about Abstinence, Condom Use, and Limiting the Number of Sexual Partners. *Behavioral Medicine*, (forthcoming), 00-00.

# APPENDICES

## APPENDIX 1: UKZN Ethical Clearance Letter

## APPENDIX 2:



13 August 2015

Ms Sinakekelwe Khanyisile Khumalo 21053743  
School of Social Sciences  
Howard College Campus

Dear Ms Khumalo

Protocol reference number: HSS/0497/015M

Project title: Shortening the Foreskin: Probing perceptions towards Medical Male Circumcision (MMC) and Traditional Male Circumcision among African UKZN male students

Full Approval – Expedited Application

In response to your application received on 20 May 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Professor Urmilla Bob (University Dean Of Research)  
On Behalf of Dr Shenuka Singh (Chair)

/pm

Cc Supervisor: Dr M Naidu  
Cc Academic Leader Research: Prof Sabine Marschall  
Cc School Administrator: Mr N Memela

# Gatekeeper Consent Letter



28 May 2015

Ms Sinakekelwe Khanyisile Khumalo  
School of Social Sciences  
College of Humanities  
Howard College Campus  
UKZN  
Email: [210535743@stu.ukzn.ac.za](mailto:210535743@stu.ukzn.ac.za)

Dear Ms Khumalo

## RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

*"Shortening the Foreskin: Probing perceptions towards Medical male circumcision (MMC) and Traditional male circumcision among African UKZN male students".*

It is noted that you will be constituting your sample by performing interviews and focus group discussions with students who are willing to participate on all campuses of UKZN.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

**MR B POO**  
**REGISTRAR (ACTING)**

### Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: [registrar@ukzn.ac.za](mailto:registrar@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



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## Letter of Study Description (English)

### DEAR PARTICIPANT

My name is Sinakekelwe Khanyisile Khumalo. I am an Anthropology Masters student at the University of KwaZulu-Natal, Howard College Campus. The title of my research is: **Shortening the Foreskin: Probing perception towards Medical male circumcision (MMC) and Traditional male circumcision among UKZN male students.** The aim of this study is to understand the perception of male students regarding medical male circumcision and traditional male circumcision, the study will look at .I am interested in interviewing you so as to share your knowledge and understanding on the subject matter.

I wish to assure you that the information you provide will not be used for any other purpose except that which entails researching. Further, you are neither expected to disclose your name nor surname and will remain anonymous. The interview will take about 45 minutes. Kindly be informed as well that there are no monetary benefits for participating in the study. Your participation remains voluntary and may be withdrawn at any stage should you deem it necessary and you will not be penalized for taking such action. Please note that an audio recorder with your permission will be used during interview.

The data I collected can only be accessible only by myself and my supervisor. Hence all the recording as well as other items used for data collection will be held in a password protected file which only myself and my supervisor will have access to. After a period of five years, in line with the University rules, all electronic and hard copies of data will be discarded properly by shredding and burning.

Your honest participation in the study will be highly appreciated.

For further information or confirmation of this study you can contact my supervisor Dr. Maheshvari Naidu: office number 031 260 7657 or email at [naiduu@ukzn.ac.za](mailto:naiduu@ukzn.ac.za) and Ms. P Ximba at the ethical clearance office: office number 03102603587 or email at [Ximbap@ukzn.ac.za](mailto:Ximbap@ukzn.ac.za).

### APPENDIX 4





## Letter of Study Description in isiZulu

### **Uyabingelelwa Lunga**

Igama lami ngiwu Sinakekelwe Khanyisile Khumalo, ngingumfundi esikhungeni semfundo yamazanga aphakeme iNyuvesi YakwaZulu-Natali. Ngenza I Master's Degree ezifundweni ze Public Policy. Isihloko socwaningo lwami sithi: **Shortening the foreskin: Probing perception towards Medical male circumcision (MMC) and Traditional male circumcision among University of KwaZulu-Natal male students.** Injongo yalolucwaningo ukuhlola ukubuka kwabafundi besilisa ukunqunywa kwejwabu ezikhongweni zasemtholampilo nalapho benqunwa khona ngendlela elisiko. Nginezalo yokubuza wena khona uzongabela ulwazi lwakho nokuqonda kwakho ngalesihloko.

Ucwaningo lifisa ukuqinisekisa wena ukuthi ulwazi ozolunikezela angeke lusetshenziselwe ezinye izinhloso ngaphandle kwezimayelana nalolucwaningo. Futhi, awulindelekile ukuba ushicilele igama lakho noma isibongo sakho ngezizathu zemfihlakalo. Ingxoxo mpendulwane izothatha isikhathi esingange mizuzu engama shumi amane nanhlanu. Sicela ukukwazisa ukuthi awulindelekile ukuba ukhokhe imali noma uthole inhlobo thizeni yenzuzo ngokuzibandakanya nalolucwaningo. Kanjalo, ukuba ilunga akusiyo impoqo futhi ungayeka noma inini noma ikusiphi isigaba uma ubona kubalulekile ukuyekela angeke uze ujeziswe ngokuthatha lesosinqumo. Inqopho kanye nothu alumayelana nengxoxo mpendulwane angeke isetshenziswe omunye umuntu ngaphandle kwami no mholi wami, ngemuva kweminyaka eyisihlanu njengomthetho weNyuvesi izocishwa.

Ukuthembheka kwakho kulolucwaningo kuzobongwa kakhulu .Ngolwazi olwadolulele noma ngesiqiniseko sololucwaningo ungathinta umholi wami uDokotela Maheshvari Naidu: Inombholo ye hhofisi 031 260 7657 noma uthumela nge-imeyli [Naiduu@ukzn.ac.za](mailto:Naiduu@ukzn.ac.za) and Ms P Ximba [wehoffice@ukzn.ac.za](mailto:wehoffice@ukzn.ac.za) leEthical clearance: inombholo ye hhofisi 03102603587 noma uthumele nge-imeyli [Ximbap@ukzn.ac.za](mailto:Ximbap@ukzn.ac.za).



## APPENDIX 5



### Informed Consent Form (English)

Dear Participant

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I have also been well informed about the role that I stand to play if I am to participate in this research study, which is participating in a one on one interview and in a focus group meeting. I am also aware that participation is voluntary and I can choose to withdraw from the process at any stage without any penalties of my withdrawal. I am aware that all information obtained from me in the course of this research study will remain confidential and that my identity will be well guided in the case of any publication of the obtained information. I agree that the interview process will be electronically recorded and all collected information will be kept with confidentiality. Therefore, I consent to have this interview recorded.

Kindly sign at the bottom both as part of having understood the content of this letter, as well as your participation in the study.

Yours sincerely

Sinakekelwe Khanyisile Khumalo

Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX 6



### APPENDIX: Informed Consent Form (*isiZulu*)

Uyabingelelwa Lunga

Mina..... (Amagama aphelele elunga)  
ngiqiniseka ukuvuma ukuthi ngiqondile okuqukethwe ilomqulo futhi uhlobo locwaningo, futhi ngiyavuma ukuba ingxenye yocwaningo.

Ngiphinde ngatshelwa futhi ngengxenye engizoyidlala ekubeni ilunga lalolucwaningo, lapho ngilindelekile ukuphendula ngoMhlanganao bukhoma nomcwaningi futhi nakwisigungo somhlangano. Ngazisiwe futhi ukuthi ukuba ilunga kwami akusiyo impoqo ngingayeka noma inini noma ukusiphi isigaba ngaphandle kokujeziswa noma ukubuzwa isizathu sokuyeka. Ngqinikesiwe futhi ukuthi lonke ulwazi oluzotholwa ngesikhathi socwaningo luzoba yimfihlo futhi name uqobo angeke ngidalulwe. Ngiyavuma ukuthi ingaqoshwa ingxoxo mpendulwane uma lonke ulwazi oluzotholwa luzoba imfihlo

Ngokuzithoba sayina ngaphansi ukukhombhisa uqondile okuqukethwe ilencwadi, futhi nokuba ingxenye yalolucwaningo.

Ozithobayo

Sinakekelwe Khanyisile Khumalo

Isignisha yomcwaningi \_\_\_\_\_ Usuku \_\_\_\_\_

Isignisha yelunga: \_\_\_\_\_ Usuku: \_\_\_\_\_



### **Interview schedule**

1. What is your understanding of medical male circumcision?
2. What is your understanding of traditional male circumcision?
3. Which method would you prefer and why?
4. What is your knowledge about medical and traditional male circumcision?
5. What factors motivate males to undergo circumcision
6. What factors hinder males to undergo male circumcision?
7. What is your attitude towards the promotion of circumcision?
8. What is the relevance of promoting male circumcision amongst university students?
9. What negative behaviors are circumcised males being attributed with?
10. What are the effects of negative behavior attributed to medical circumcision?
11. Do you think medical male circumcision interferes with traditional male circumcision



## **Focus group interview schedule**

### **Traditional male circumcision**

1. What is your understanding of traditional male circumcision?
2. What does it mean to be traditionally circumcised?
3. Would there be any issue if you were not circumcised in your community? Explain
4. What are the cultural and traditional significance of traditional male circumcision?
5. What are the benefits of being circumcised traditionally?
6. Would you recommend traditional male circumcision to others? Explain
7. What might discourage a person from getting circumcised traditionally?

### **Medical male circumcision**

1. What is your understanding of medical male circumcision?
2. Would there be any issue if you were not circumcised in your community? Explain
3. What are the cultural and traditional significance of traditional male circumcision?
4. What are the benefits of being circumcised medically?
5. Would you recommend medical male circumcision to others? Explain
6. What might discourage a person from getting circumcised medically?

7. Do you think medical male circumcision imposes on the cultural connotation of traditional male circumcision? Explain